Military Nursing in England

By Dame MAUD McCARTHY, G.B.E., R.R.C.

It is with much diffidence that I have accepted an invitation to speak to you on the subject of Military Nursing in England. This title, as such, is one that is so comprehensive that it would be impossible to do it justice in one evening. I have decided therefore to limit my paper to military nursing from the outbreak of the South African War to the present time, and in doing so I can only realize how inadequate this survey will yet remain.

We are all familiar with the work of Miss Nightingale, and know full well how great were the reforms she introduced into army hospitals. For this reason, tempting as it may be to dwell on her work, I propose alluding to it only in a passing manner, and to give you rather the subsequent development of army nursing since the Crimean War.

It is through the influence of Miss Nightingale that after the Crimean War nurses continued to serve in military hospitals. In Sir Edward Cook's biography we read the following interesting passage:

> "From the beginning Miss Nightingale laid down her invariable rule that the NURSE was to be entirely subordinate to the DOCTOR and to act only by his leave and according to his instructions. Nursing was not to be a separate service of housemaiding and domestic care, still less were nurses to be the rivals of doctors. They were to be a subordinate branch of the medical service, under the doctor's orders as to matters of treatment, while under their own superintendent as to matters of discipline."

The fixing of this conception of the place of the nurse we owe to her. Writing of military hospitals, she recommended that, where women nurses were employed, orderlies "should by no means be done away with." . . . "Female nursing, while entirely subordinate to the medical authority, should not be charged with the mere drudgery in the necessary cleansing and labour of a military hospital, but should be made capable of performing what may be termed "skilled" nursing, by a course of previous instruction, and should add to the niceties of female attendance: a moral influence which has now been proved, beyond doubt, to be highly beneficial to the soldier."

Now though the line on which military nursing was to develop is here clearly indicated, progress was very slow, the chief reasons being:

1. The inadequate number of nurses appointed to each hospital. (Netley, for instance, with 879 beds, had about ten sisters—one sister having between 100 to 200 beds under her care, some being acute cases.)

2. The orderlies, who were for the most part untrained and inexperienced.

3. The military duties of these orderlies, which interfered with their duties in the wards, so that it was literally impossible to organize the nursing, and finally

4. The fact that authority was divided and the sister had little or none, and therefore could not carry out adequately the nursing duties for which she was responsible.

Though she was supposed to supervise the work of the orderlies, she had no control over them—they were absent from the wards when they were most needed.

(Read at the general meeting, C.N.A., Ottawa, August, 1926.)

Though she was entrusted with the care of the sick, she had no control over the management of the ward, the cleaning being in the hands of the ward master.

Thus, in the period immediately preceding the South African War, it seemed as if Miss Nightingale's recommendation that the orderlies should remain in the wards was incompatible with her recommendation that the sisters should do "skilled" nursing.

On arriving at the first hospital in which I served in South Africa, I well remember circumstances by which I can illustrate this and the feeling of almost impotence which they created.

For instance, the sister was never informed of the orderlies' duty hours —they were withdrawn for various causes at the caprice of the sergeant-major, and likewise transferred from day to night duty. One could never rely on them. Yet they were supposed to attend to the patients' daily normal needs. These were not looked upon as requiring "skilled" nursing, however dangerously ill the patient might be. In fact, when preparing to attend them in this manner I was told by an army sister that I should lose all prestige.

You will realize how truly great the difficulties were when you consider not only the shortage of nurses and the lack of organization and consequent misunderstanding, but also the type of case to be nursed. In the main the cases were medical, and large numbers suffered from typhoid fever and kindred diseases.

At the outbreak of the South African War the nursing establishment consisted of: One lady superintendent, 19 superintendents, 68 nursing sisters. The staff appointed to a general hospital of 520 beds was one superintendent and eight sisters. This inadequate number was soon increased at the request of the principal medical officer in South Africa to one superintendent and twenty sisters for a hospital of 520 beds.

The nurses were drawn from:

1. The Regular Army Nursing Service, 63 of whom served in South Africa.

2. The Army Nursing Service Reserve, a body inaugurated by H.R.H. Princess Christian in 1897 to supplement the Regular Army Service in time of war. Of these, 776 served in South Africa.

3. The Princess of Wales's Nurses, a group of 46 nurses specially selected at H.R.H.'s request from some of the leading London hospitals as reinforcements in 1899. There were three groups which followed one another very rapidly: 1st, six nurses from the London Hospital; 2nd, twenty nurses selected from leading London hospitals; and 3rd, twenty nurses from the London Hospital, H.R.H. being president of the London Hospital.

4. Colonial nurses, among whom were the Canadians.

5. Nurses engaged locally in South Africa: these last two groups numbering 489.

Thus a total of 1,328 women nurses were employed by the British Government during the South African War.

Just as after the Crimean War it was felt that some kind of army nursing organization was a crying need, so, after the South African War, was felt the need for reform and reorganization. In Dame Sidney Browne's article on Army Nursing we read thus of the important changes which were then made:

"Shortly after the South African War, through the good influence of Her Majesty Queen Alexandra and Field-Marshal Lord Roberts, who was then Commander-in-Chief of the Army, a War Office Committee was appointed to consider the reorganization of the Army Medical and Army Nursing Services. It was presided over by the then Secretary of State for War, Mr. Brodrick, and excellent changes for the improvement of the nursing profession were made.

"Queen Alexandra assumed the presidency of the service, which for the future was to be under Her Majesty's immediate control. A matron-in-chief and principal matron were appointed at the War Office, the matron-in-chief having a seat on the Advisory Board and the Nursing Board. A large increase was authorized in the nursing service. Matrons were made responsible for the general nursing arrangements in the hospitals. Ward masters were abolished, and the wards were to be managed by the sisters for the future. Authority was given to the matron-in-chief and to the Nursing Board to inspect and report upon the nursing arrangements in the military hospitals. The position of the whole nursing service was altered for the better.

"Queen Alexandra also became president of the Nursing Board, attended the first meeting, and after that time took the greatest interest in the progress of the service: to Her Majesty's influence may be attributed the rapid growth and success of the movement."

The members of the Nursing Board referred to above were: The president (Her Majesty the Queen), a vice-president, the director-general of medical services, the matron-in-chief, two members nominated by the Queen, three civil matrons, one civil physician, one civil surgeon, the principal matron (War Office) being secretary.

Rules were drawn up regarding the qualifications of candidates, terms of appointment and promotion, study and examinations, training of orderlies, pay, pensions, allowances and leave.

Different ranks were created, which much facilitated the work. There were now staff nurses, sisters, matrons and principal matrons; also a matron-in-chief instead of a lady superintendent, superintendents, and nursing sisters.

Thus was laid down and embodied in Army Regulations the foundation of the Regular Army Nursing Service, known today as Q.A.I.M.N.S., which is more in accordance with the spirit of Miss Nightingale's ideals which I have already quoted.

Between this period and the outbreak of the Great War in 1914 there were further developments affecting the care of military families, the formation of a service for home defence, and the increase of the Army Nursing Service Reserve.

In 1902, the Matron-in-Chief, Q.A.I.M.N.S., was charged with the general supervision of the nursing arrangements in the Military Families' Hospitals—matrons and charge nurses being then appointed. These hospitals are now known as Queen Alexandra's Military Families' Hospitals.

In 1908 the question of the need for an organized Territorial Nursing Service to be available in time of national emergency was brought to the notice of Her Majesty Queen Alexandra. It was decided that the Territorial Force Nursing Service should be formed for the purpose of maintaining an establishment of nurses of different ranks willing to serve in territorial hospitals in Great Britain in the event of the mobilization of the Territorial Force, which was a force for home defence only.

A Matron-in-Chief, T.F.N.S., was appointed and a Territorial Nursing Committee was established at the War Office. Twenty-three general hospitals were provided for in large towns in England, Scotland and Wales. The matrons of the leading training schools were appointed principal matrons of the area and were each asked to enrol a staff of 120 fully trained nurses (all ranks). Thus at the outbreak of war each principal matron T.F.N.S. was responsible not only for her own civil hospital, but also for a Territorial Force hospital established in the same area.

A local committee was formed at each hospital centre by their Territorial Associations to receive the names of nurses wishing to join the Service. The committee consisted of ladies representative of the area concerned, and included the matrons

and superintendents of the principal hospitals and larger training schools in the area, and other ladies interested in nursing. The duties of the committee were to enrol the nurses who were willing to serve in time of imminent national danger, and to serve as a nursing committee on the embodiment of the Territorial Force in each area. On embodiment the members of this T.F.N.S. were to come under the same pay, regulations and other privileges of the Regular Service.

Much criticism was levelled against the preliminary organization of the Territorial Force Nursing Service, but on the outbreak of war in 1914 it vindicated its existence in a splendid manner.

The main body of Territorial nurses ready for service amounted to a total of 2,738, of which number 2,116 nurses were required for the 23 general hospitals and 667 to replace casualties. (This number was the backbone of the Service.) As time went on the principal matrons charged with this duty enrolled 5,357 more members. The total enrolled during the war was 8,140. The actual number of T.F.N.S. who served was 7,117, a large body of fully-trained nurses being kept in reserve to meet requirements. In addition to the number of fully-trained members, 5,490 untrained and partially trained women were enrolled and attached to the Territorial Service.

In 1910 the increase of the Reserve, which had occupied the attention of the Army Nursing Board for a considerable time, had become an acute problem.

Nurses were not joining Her Royal Highness Princess Christian's Army Nursing Service Reserve in numbers sufficient to allay anxiety. It was therefore determined to form another body of nurses and to amalgamate the Army Nursing Service Reserve with it, under the title of Queen Alexandra's Imperial Military Nursing Service Reserve. The conditions of service were revised and an annual retaining fee of two guineas was paid to each member joining the reserve. The amalgamation did not take place, and in 1912, instead of the large body of nurses which it had been anticipated would join the new Reserve, there were only 175. It was evident that some other plan must be resorted to in order that an efficient service be maintained in the event of war. It was then agreed, as between the War Office and the matrons of the leading hospitals in the country, that in the event of war, the Regular Reserve proving insufficient in number, they would supply in all 600 nurses to be known as the Civil Hospital Reserve, though coming under the same rules and regulations and other conditions of service as the Regular Reserve.

In 1914 the military nurses available for foreign service in case of war were:

1. The Q.A.I.M.N.S., numbering approximately 300 trained nurses;

2. The Regular Reserve, numbering 200;

3. The promised 600 Civil Hospital Reserve;

Making a total of 1,100.
For Service at Home:

1. The Territorial Force Nursing Service, numbering 2,783 nurses;

2. For the Military Families—a few nurses appointed especially for this work under the Q.A.I.M.N.S.

Here we should mention one very great reform and that is the appointment embodied in War Establishments of a principal matron to proceed overseas on the declaration of war: that is, for the first time since the call to Florence Nightingale, the definite recognition of the need of a nurse as head of the Nursing Service at the seat of war.

Now we come to an epoch in the history of Army Nursing with which you are familiar and to which many of you have contributed some share. As you will remember, in 1914, it soon became obvious that this well-laid scheme for the supply of nurses for war was again inadequate for the needs of the gigantic struggle in which we were engaged, and that these numbers must be supplemented. This was done in the following ways:

1. Nurses of the Territorial Force were sent abroad.

2. The civil hospitals increased their supply of nurses.

3. The Dominions came to our help, and the first of these to come over to France, you will remember with pride, was a contingent of Canadian nurses.

4. Large numbers of nursing members of the Voluntary Aid Detachments of the British Red Cross Society and the Order of St. John of Jerusalem gave their services.

5. Assistant nurses and special probationers helped to increase the numbers; and finally

6. America sent over large contingents of trained nurses and some V.A.D.'s.

You will remember that 1,328 women nurses were employed by the British Government during the South African War.

In the Great War, on November 1st, 1918, in France, that is at one theatre of war only, there were 7,273 women nurses (excluding 2,391 V.A.D.'s) working in Imperial units, and as those of us who were there at the time know full well, in spite of these numbers, some of the hospitals were often understaffed. This was due in part to the many unexpected duties which the nurses were called upon to perform.

They were appointed to unite with fixed establishments, such as general and stationary hospitals, but had to be withdrawn from these for duty with the units for which there was no war establishment, and for special duties, and even general and stationary hospitals which arrived in France with no nursing staff. They were withdrawn for duty with: Field ambulances, operating centres, casualty clearing stations, ambulance trains, ambulance flotillas, isolation hospitals, sick sisters' hospitals, convalescent hospitals and rest stations, and for such special duties as: administrative, embarkation, surgical team work, anaesthetists, dietitians, surgical laundries, the nursing of civil, sick and wounded and repatriated prisoners of war.

I think it is not amiss here to render some tribute to the work of the nursing services during the Great War—not indeed for their gratification, but so that, generally speaking, communities and governments should be helped to realize **their** responsibility to the nurse and make it possible for her to give the best service in her power when answering the demand of the public, not only in time of peace or national emergency, but also in the time of war. The extraordinary circumstances under which the nurses worked brought out the finest qualities of self-sacrifice and endurance. In France, for example, each year seemed to have its own particular difficulties and horrors. There was the general reorganization of the nurses after the retreat in 1914, as units were gradually reformed. The settling down to the conditions and horrors of war, amid differences of climate and surroundings, and the lack of comfort and of the amenities and facilities of home hospitals.

The emergency ambulance trains had to be staffed. At first there was no communication between the compartments, and nurses were forced to add agility to their other accomplishments, sometimes swinging from one footboard to another carrying dressings and other necessaries with

them. The casualty clearing stations were staffed and work was carried on under shell fire and gas attacks.

Those of you who worked in the Ypres sector early in 1916 will remember the constant receiving and evacuating of large numbers of wounded and gassed patients and those heavy death rolls in such distressing circumstances. There was the severe winter of that year: frost and snow lasting well into April of 1917.

Later, in 1917, work was again carried on under shell fire and enemy air-raids, and then casualties and deaths occurred among nurses.

The work was so heavy that the nursing staff worked in some cases for 48 hours at a stretch and in many instances in 18-hour shifts for continued periods.

The circumstances during 1918 defy possibility of description in the limited time at our disposal.

There was the retreat, the constant and terrifying air-raids and the shell fire; then the great advance, with its own peculiar horrors, and at the same time the epidemic of influenza and the lack of sufficient staff to meet the most immediate and pressing demands.

In some instances nurses worked for five days and nights under shell fire with practically no sleep, dealing with literally thousands of patients. In other cases they had very little sleep for over a week, and for nine days would not be more than 24 hours in the same place. They left their units hurriedly by road, and after some miles, the patients having been brought on, they would stop and work for twelve hours in the open, and before they could rest they had to move on again as quickly as possible, driving all night, and halting again in the early morning to attend to the patients.

Then there were the air-raids on the hospital bases, from which the Canadian nurses suffered so much. They were the greatest tax on the physical strength of the nurses, who had to go through a day's strenuous work after a night broken by dreadful experiences.

The work during the advance was stupendous! Influenza and pneumonia were rampant everywhere, not only among the troops but among the women workers and the nursing staff. In addition to battle casualties and the high numbers of deaths daily from influenza and pneumonia, sickness in the civilian population had to be dealt with—there were wounded and gassed—old and helpless men and women who had been lying uncared for in cellars, fifteen days or more. There were constant heart-rending scenes.

Finally, after the signing of the Armistice, though battle casualties ceased, there were the repatriated prisoners of war streaming through in large numbers. Some of the nurses, who had been on active service since 1914 and who had seen a good many atrocities and much hard, strenuous work, felt that at no period of the war could their experiences compare with those of this time. Those repatriated men in thousands reached the hospitals scantily clad, some barely covered, others had all manner of garments they had received from civilians on their way. They were in a pitiable state of weakness, starvation and filth; some were hardly recognizable as men. They had terrible tales to tell of the abominable treatment they had received during their captivity, and spoke of the many who had died by the way before they could reach any unit. In one hospital alone 39 died within two days of admission. Some were suffering from neglected influenza, others from acute gastric troubles. Many of them were exhausted and starved, and had to be washed, clothed, fed and given rest before being transferred to the base.

The casualty clearing stations advancing with the second and fourth armies found the buildings they took over for hospitals in the most filthy state of dirt; the dead had been left unburied by the Germans, and in some instances they were left lying with the sick abandoned by the Germans in their flight.

The nurses on ambulance trains had their share of the heavy and depressing work, loading up, as some did, from German towns. These trains carried heavy loads; over 600 men of all nations suffering from wounds, blistered feet, influenza, dysentery, and all kinds of sickness. The journeys were long ones and the sisters worked day and night. The men were terribly ill, some dying before they could reach the base.

In looking back through this period it seems as if one could not render too great a tribute to the women who were able to put so completely aside all thought of self, and knowing that no reinforcements were available to relieve them, managed day after day, without respite, to combat the truly awful epidemic of influenza and pneumonia, and under great difficulties ministered to the needs of the civilian population as well as to the thousands of repatriated men.

That this was made possible in so efficient a manner was due in no small measure to the band of regular army sisters, whose training and experience enabled them to overcome the difficulties with which they were confronted. They had been trained in army routine and were accustomed to the management of orderlies and sick soldiers. A number had served in South Africa during the Boer War and others in foreign stations. They had nursed in tent hospitals and had had experience of national emergencies following earthquakes, epidemics and such like disasters.

It was from among these nurses that the first selection was made of those who were appointed for charge work everywhere. For the reasons I have enumerated they were the best fitted to undertake the administrative work, while the magnificent women drawn from civil hospitals all over the British Empire were enabled to gain the necessary military routine required in the military hospitals, and who later proved in such a forcible manner their administrative and nursing capabilities when placed at the head of these large hospitals and entrusted with the care of such large nursing staffs.

Let us now consider the developments in army nursing conditions which took place during the Great War and subsequently. I will not weary you with figures, but should like first to recall your attention to the War Establishment for a hospital of 520 beds at the outbreak of the South African War. You will remember that the total nursing staff then was one superintendent and eight sisters. For these same beds this establishment had to be increased during the Great War to one matron, 16 sisters, 13 staff nurses, and 20 nursing V.A.D.'s, making a total nursing staff of 50. An increased establishment is now definitely laid down in War Establishments for Medical Units, where nurses are now considered indispensible.

There is no more striking instance than this of the recognized value of the nurse in war and of the progress which has been made in this respect since the days of Florence Nightingale.

The two most important reforms were, in the first place, the transferring of Territorial Force nurses from home to foreign service; and, secondly, the recognized appointment of members of the Voluntary Aid Detachments of the British Red Cross Society and Order of St. John of Jerusalem to army hospitals for duty. These were known as Military V.A.D.'s and were considered probationers in military hospitals.

Before referring to any new military services which were created, it would be well to follow the history of these services up to the present time.

The chief improvements to note as a direct outcome of the war are:

1. The establishment of an administrative and clerical staff for the Matron-in-Chief, Q.A.I.M.N.S., proceeding overseas in case of war. An increase in the pay and pension of all ranks.

2. The Reserves: The Q.A.I.M.N.S. Reserve still stands, and the civil hospitals still guarantee a definite supply of nurses on the outbreak of war.

3. The Territorial Army Nursing Service, as it is now called: In 1920 the whole question of the future of the Territorial Force Nursing Service was fully reviewed, and it was decided that it would be desirable to increase the numbers enrolled by each principal matron from 120 to 177 and all nurses enrolled would be required to undertake an obligation to serve at home or overseas, wherever their services were required in time of imminent national danger. (It is worthy of note that although the undertaking which up to this time was required of enrolled members of the Territorial Force Nursing Service did not entail an obligation for overseas service this fact proved no bar to their eagerness in offering immediately their services for any area in which they were needed. There was a ready response to the call for more members, and at the present day the enrolled strength of the Territorial Army Nursing Service stands at over 4,000 of relative ranks, exclusive of principal matrons.)

The new services which were created were: Princess Mary's Royal Air Force Nursing Service, inaugurated 1918, obtained the Royal Warrant 1921; and the Pensions Nursing Service.

In this brief survey I have tried to summarize as clearly as possible the development of army nursing from the days immediately preceding the South African War to our own time. Before bringing my short history to a close I must pay tribute to the memory of two names among those of the many great people who have helped to establish and to develop Queen Alexandra's Imperial Military Nursing Service. I refer in the first place to our late beloved president, Her Majesty Queen Alexandra. She was present herself at the first meeting of the Army Nursing Board and from that day until her death her personal interest in the service in all its details was unfailing.

When the first sharp cold was felt in France in 1914, the Queen sent to each member of the services of which she was president a fur-lined cape and muff. When members of any of the services, British or Overseas, received a decoration at Buckingham Palace, it was by her wish that they afterwards visited Marlborough House and received from her hands a memento of the occasion.

When the severe air-raids were taking place and casualties occurred among the nursing staff, Her Majesty lost no opportunity of expressing her sympathy and doing all in her power to alleviate their suffering.

In addition to these and many similar marks of affection, it is pleasing to recall how wide was her interest, not only in military nursing, but also in that other great army of nurses employed in civil hospitals, in district nursing, in public health work and other nursing duties. Her Majesty's first public act, after becoming Queen, was to hold a garden party at Marlborough House for the Queen Victoria Jubilee Institute; and one of her last, to send a letter to the chairman of the London Hospital, of which she was president, in which she spoke of her precious hospital, her failing health, and expressed the hope that she would see them all again.

The second name is that of Lord Roberts. He was Commander-in-Chief at the War Office when the reforms in the Army Nursing Service were being considered after the South African War, and to his efforts the smooth working and progressive growth of a great organization are largely due. With his name we must ever associate that of Lady Roberts, who was the first vice-president of the Army Nursing Board and who held this office until 1912. The Service will ever owe to her a deep debt of gratitude. In November, 1914, Lord Roberts went over to France and while there he contracted the illness from which he died. The great privilege of nursing him fell appropriately to members of the Q.A.I.M.N.S.

In conclusion, I feel you will be interested to know that with His Majesty the King's approval Her Majesty Queen Mary has graciously consented to become president of the Q.A.I.M.N.S. and Territorial Army Nursing Service and the many other nursing services to which Queen Alexandra devoted so much of her long life.

The Queen has already presented long service badges to the many nurses belonging to Queen Victoria's Jubilee Institute, going herself to their offices for the occasion.

I had the privilege a few days before I sailed of being present with the Director-General of the Territorial Army and the Director-General of the Army Medical Services with the members of the War Office Territorial Committee at Buckingham Palace when Her Majesty Queen Mary received the principal matrons of the Territorial Force Nursing Service who had served during the war, and also the present twenty-three serving principal matrons of the Territorial Army Nursing Service, to whom she presented the new Territorial badge.

Her Majesty was very interested to hear of the honour that the Canadian nursing profession had paid to that of the Mother Country and she desired me to say how deeply interested she is in the nursing profession and with the work of her nurses throughout the British Empire.

Conference of the International Council of Nurses

An "Interim Conference"—between the Congress in Helsingfors, Finland, 1925, and the Congress in Peking, China, 1929—will take place in Geneva, July 27th to 30th, 1927.

Geneva, where headquarters of the International Council of Nurses were established, October, 1925, presents a great number of attractions to nurses of the different countries. The programme of the Conference, while taking advantage of what Geneva can offer in the way of speakers and institutions connected with different kinds of international work, will have as its main topic "Principles and Methods of Practical Nursing." This subject will be approached from different angles and points of view, and one afternoon will be given to demonstrations of various nursing procedures, probably including a parade of nurses in uniforms of the various countries as suitable uniforms and equipment must be considered as one of the essentials for efficient work.

The International Red Cross Committee will hold their Bi-Annual Conference at the same time, including various kinds of demonstrations in first aid and sanitation service, which will doubtless be of interest to nurses attending the Interim Conference.

Details as to the programme of the Conference will be published later as soon as available. It is hoped that a large number of nurses from various countries will participate.

Keeping Christmas

It is a good thing to observe Christmas Day. The mere marking of times and seasons when men agree to stop work and make merry together is a wise and wholesome custom. It helps one to feel the supremacy of the common life over the individual life. It reminds a man to set his little watch now and then by the great clock of humanity.

But there is a better thing than the observance of Christmas Day, and that is keeping Christmas. Are you willing to forget what you have done for other people and to remember what other people have done for you; to ignore what the world owes you and to think what you owe the world; to put your rights in the background, your duties in the middle distance, and your chances to do a little more than your duty in the foreground; to see that your fellowmen are just as real as you are, and try to look behind their faces to their hearts hungry for joy; to own that probably the only good reason for your existence is not what you are going to get out of life, but what you are going to give to life; to close your book of complaints against the management of the universe and look around for a place where you can sow a few seeds of happiness?

Are you willing to stoop down and consider the needs and desires of little children; to remember the weakness and loneliness of people who are growing old; to stop asking how much your friends love you and ask yourself whether you love them enough; to bear in mind the things that other people have to bear on their hearts; to try to understand what those who live in the same house with you really want without waiting for them to tell you; to trim your lamp so that it will give more light and less smoke, and to carry it in front so that your shadow will fall behind you; to make a grave for your ugly thoughts and a garden for your kindly feelings, with the gate open? Are you willing to do these things for even a day? Then you can keep Christmas.

Are you willing to believe that love is the strongest thing in the world—stronger than hate, stronger than evil, stronger than death—and that the blessed life which began in Bethlehem nineteen hundred years ago is the image and brightness of the Eternal Love? Then you can keep Christmas. And if you can keep it for a day, why not for always? But you can not keep it alone.—Henry Van Dyke.

Just stand aside, and watch yourself go by;
Think of yourself as "He" instead of "I."
Pick flaws, find faults; forget the man is you,
And strive to make your estimate ring true.
The faults of others then will dwarf and shrink,
Love's chain grow stronger by one mighty link,
When you with "He" as substitute for "I"
Have stood aside and watched yourself go by.

—Strickland W. Gillilan.

Department of Nursing Education

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*Report of Round Table on Problems of Ward Administration**

The chairman, Miss Grace M. Fairley, opened the proceedings by introducing the topic and stressing the importance of full discussion of the different subjects presented.

The first paper from the administration standpoint was read by Miss M. McKee, Brantford.

The second paper by Miss K. Ellis, Vancouver, read by Miss M. F. Gray, showed the training school point of view and dealt with the present day curriculum and how it could be carried out, and at the same time adhere to the eight-hour day.

The third paper by Miss Dobbie, Montreal, was from the standpoint of the head nurse.

Miss K. Mathieson, Toronto, led the discussion, showing how every ward was an individual unit and should have complete equipment; also, that a nurse-in-charge could not carry out the duties of a supervisor and administrator—that she should either be relieved of the housekeeping or have further nurse assistance and thus relieve her.

Miss Gray then discussed Miss Ellis' paper and asked if any hospitals had a straight eight-hour day in operation. Miss M. Hersey reported three hours off, including class work. Miss H. Buck discussed this point also.

Question from floor—Does it need one-third more nurses to carry out an eight-hour day?

Miss Laura Logan discussed the method in force at the Illinois Training School, where some part-time nurses are employed for service between the going off of the day nurses and the coming on of night nurses.

Question by Miss G. Bennett—Where there are two night nurses do they come on duty at the same hour? Answer—In some hospitals one comes on at 7 p.m. and the other at 11 p.m. The former having three hours off during the night.

Miss Jean Gunn then presented a report on the use of case records for mixed services. Sample copies of the New York series and one in use at the Toronto General Hospital, were given to the members present. From discussion, it was felt that none of the records in use were entirely accurate or satisfactory. On motion by Miss Jean Gunn, seconded by Miss G. Bennett: that a recommendation be sent to the executive of the Nursing Education Section, asking that a committee be appointed to study case records and report back to the section. Carried.

Sgd. Grace M. Fairley.

[*Nursing Education Section, Canadian Nurses Association, General Meeting, 1926.]

The Hospital Administrator's Point of View

By E. MURIEL McKEE

This subject is one of keen interest on which little has been written. Ward administration presents many sharp angles with which we are all struggling, endeavouring and hoping to round them out, and so produce a complete circle of strength and co-ordination. There has been much discussion of ward problems in their different angles but as yet each has a definite breaking off point and no one seems to have a satisfactory scheme to present to the hospital administrator.

The hospital administrator, in viewing the subject, must consider the primary purpose for which a ward is brought into existence and the obligations it must today fulfill. Three considerations present themselves, the care of the patient, the education of the nurse and the responsibility of the administrator to the Board of Governors for economically efficient management of the entire institution. Taking, first, the patient: Here the administrator has a dual responsibility, first, the provision for adequate care of the patient as is known and appreciated by the patient himself and his relatives and friends; second, the provision of a technical service whereby the medical faculty may render their best work in the interest of the patient. This service is rarely appreciated by the patient himself but it is the grave trust of the hospital administrator. The second consideration: the education of the student nurse—perhaps the sharpest angle or problem of ward administration is the point where the care of the patient and the education of the nurse meet. Until the administrators and educators convene and earnestly discuss the problem, each being prepared perhaps to sacrifice some cherished idea in an attempt to bring this angle into the grand circle, there will always be problems producing friction. There is no qualification of these two phases of work. Each is foremost in its particular field. Without educated nurses the patient could not be cared for to the satisfaction of the hospital administrator. The third consideration is ward administration from a business viewpoint. After all, no organization is successful that does not have a sound systematic business basis. Economically, efficient management of a ward is the responsibility of the administrator to the governing body of the hospital and to the public at large who support the hospitals directly or indirectly by taxation or subscription.

With these three thoughts in mind we may consider the following:

A ward should be looked upon as a hospital within a hospital. The details of proper structure and layout of wards is a very important matter, but is a subject in itself. One point, however, which might be considered here is that those people actually working on hospital wards or special departments should have in mind a carefully thought-out uniform and definite plan of ward structure which they could present to hospital administrators when wards or departments are being built or re-modelled.

To be well operated a ward must be self contained, having complete equipment for fulfilling the needs of the particular branch of work for which it is established, whether surgical, medical, obstetrical, etc. It is extremely wasteful of time, energy and material to have floating equipment. What belongs to everybody belongs to nobody. If this condition exists it is impossible to determine the efficiency or inefficiency with which separate wards are being operated. It is certainly no stimulus to ward administrators.

The ward equipment should correspond in character to that provided and considered essential in the class room teaching to the smallest detail, and in sufficient quantity to insure maximum service in a minimum amount of time. Truly, it is desirous to teach the student how to improvise should the occasion for so doing arise, but for daily practice the student should be forcibly taught to use the right article for the right purpose. The initial outlay to provide sufficient equipment to ensure no shortage is indeed great, but the returns in saving are correspondingly great. It is the duty of the hospital administrator to provide this equipment.

Having equipped the ward it should be carefully and systemati-

cally inventoried. It would seem that a good plan to adopt would be the listing of articles in the places in which they are to be kept permanently, and that as far as possible there should be uniformity throughout the various wards of the hospital so that students being transferred from one ward to another will have some conception of the ward plan and will know where to look for the articles required. The inventory, once completed, should be verified at least monthly. At this time all misplaced articles should be returned to their proper places and all articles lost during the month and not recovered should be replaced. It is not economy to allow a ward to depreciate. It is surprising, however, the number of missing articles that can be recovered under careful supervision and with good co-operation.

Having equipped and inventoried the wards, there should be a systematic method adopted for the requisitioning of supplies. Under efficient management sufficient supplies should be ordered at one time for a week's requirements, taking, perhaps, different groups of supplies different days of the week. There are, of course, daily requirements such as food, drugs, and laundry. A day should be left free for the storekeeper to put his department in order and to check up supplies, making sure that he has the minimum stock on hand. In installing any system of requisitioning there are three considerations: The ward needs, the organization of the stores department, and the detail for the business office.

Another important matter is the establishment of definite regulations and routines for ward administration. The writer suggests that a "Book of Knowledge," call it what you will, be on every ward easily accessible to every nurse on the ward. Its basic contents should provide general information pertaining to ward administration from its different angles. It should be uniform on all wards, differing only in special routines, orders or regulations as required for special departments and not applicable to all wards. A copy of this book should be kept in the class-room and the student from the earliest period in her training should be taught to familiarize herself with the contents, to realize their value as a double check when in doubt. This book should be of a strong nature, loose leaf, so that as routines change they may be removed or as new routines develop or new regulations enforced, they may be properly indexed and added. Special nurses should be referred to this book for guidance while on duty in the hospital.

All these points being considered, there is yet one very important factor in the efficient operation of the ward, namely, the ward manager or supervisor. We find in every walk of life today, whether commercial or professional, the increasing demand for and the lack of workers who are willing to assume responsibility: workers who will weave themselves into and become part of an organization. Without spontaneous co-operation we cannot obtain efficiency. The hospital administrator, in seeking a supervisor, must realize that there are two viewpoints, first, that of the administrator, second, that of the supervisor. The administrator is seeking an individual who will assume entire responsibility of the ward. Let us review some of her responsibilities. In accepting a ward she must be responsible for its administration to the satisfaction of the patient, the doctor, the hospital administration, and finally to the community which she serves. In order to function successfully she must have complete control of everything pertaining to the administration of her ward, including supervision of orderlies, maids and cleaners. She must, at

all times, be mindful of her three obligations, namely, care of the patient and the education of the nurse and the clerical and business operation of the ward to the satisfaction of the hospital administrator. Think of the qualifications this woman must possess. The tact, patience and diplomacy required to deal with patients and their friends. Her technical knowledge must be of the highest order to ensure the right influence and training for the students. She must possess exceptional executive ability in order to balance and co-relate her many duties and appreciate the problems of every department of the hospital as related to her ward. All this from the administrator's point of view. What of the supervisor? Little wonder she is hard to find.

The hospital administrator must now consider the matter from the supervisor's viewpoint, which could be summed up briefly as follows:

Sufficient remuneration in comparison to her responsibilities.

Reasonable hours of duty.

Attractive living conditions.

The writer feels that hospital administrators should at once, in order to prepare for the immediate future, encourage the very best of our students to consider institutional work and should endeavour to make the work sufficiently attractive and interesting to retain their services with some degree of permanency. Frequent changes as is now the case in many of our hospitals are detrimental to the efficiency of the training school and the hospital.

THE TRAINING SCHOOL

By KATHLEEN ELLIS

The particular phase of the question to be presented in this paper is the present day curriculum, its relationship to ward administration, how it may be carried out and the eight-hour day adhered to, without serious embarrassment to the nursing service.

Probably the head of a nursing department alone views this problem in its true colours. To her lot it falls to approve of the well-balanced, carefully thought-out scheme of lectures and classes prepared by the instructor, whom she realizes has given very grave consideration to its preparation, has not overlooked the fact that only two or three class rooms are available at any one time —this is true in even the most fortunate of institutions — that the number of hours of study in any one day must be limited, both for the instructor and students, that consideration must be given the night nurses, and so on. On the other hand, the difficulties of the busy supervisor on the ward are very real. She finds her staff depleted at the most inconvenient hours, or hours which have by force of circumstances been rendered most inconvenient. What superintendent of nurses can fail to sympathize with such a situation and is she not sometimes called upon to decide in favour of interrupted class work in order that patients may receive first consideration? Such problems are only fully understood by those who are dealing with conditions as they exist today, in schools of nursing. In the majority of our large training schools during the past few years the student personnel of the school has doubled in number or certainly materially increased; along with this the revolution in nursing education has taken place with the resulting additions to the curriculum. Such changes in the nursing world are, no doubt, necessary and desirable in order that students may be adequately prepared not only to take advantage of opportunities afforded them after they leave the hospital, but that they may render the assistance and service required of them while still pupil nurses. This obvi-

ously is the answer to comments, "criticism" shall we say? voiced by those whose experience possibly takes them back to the days when undoubtedly there was more time to devote to the actual nursing care of patients, days when hourly irrigations, fractional test meals, insulin, and many other treatments and tests, the result of scientific advancement in the medical world of today, were rare, if not unknown. One cannot but recognize the advantage to humanity but one must also recognize the increased difficulties in connection with hospital administration in general and the training school in particular. This, too, would seem to be the answer to the query why must so much instruction be given by the supervisor in the class room instead of by the head nurse on the ward, as in days gone by? We have only to follow the nurse in charge on her morning rounds to realize that, as with the student so with the graduate, the demands made upon her time and attention other than in affording actual nursing care to the patients have increased. For this reason, therefore, it is necessary that the pupil nurse goes to the ward having the best preparation possible to undertake the duties she may be called upon to fulfill.

So much for the increase in practical instruction demanded for the students. In the same manner one must realize the necessity of planning the curriculum with the idea of affording pupils every legitimate advantage which is necessary to fit them to take their place in the profession today as graduate nurses.

As to the solution of these problems, fortunate indeed is the institution that is in a position to take in applicants far enough in advance of the time they are required for duty on the wards to permit of much instruction being given during the preliminary course. Here one feels great care should be exercised that this instruction does not too far precede the time when its practical application will be possible. Just what subjects may be safely included in the preliminary course is a question for controversy. Possibly there is a tendency in some of the courses now outlined to introduce early in the course too many subjects foreign to the student's mind, so lately diverted into entirely new channels of thought, and information thus imparted may lose much value. To emphasize the importance of the actual knowledge acquired rather than the number of hours covered would seem the basis of sound education. With this end in view it would appear quite essential that instruction in theory, dealing with actual nursing subjects, should be given as far as possible concurrently, or immediately preceding the time the student is to receive practical experience in this particular branch of the work. This is often very difficult to arrange and requires close co-operation between those engaged in practical instruction and theory. Before such a situation can be developed it is necessary for the training school to be in a position both from the standpoint of desirable applicants and also accommodation in the nurses' home, teaching facilities, etc., to receive and deal with a number of students in excess of the required personnel. Here one often meets a serious obstacle.

Another solution, less feasible, possibly more idealistic, is to be sufficiently well provided with pupil nurses to enable an arrangement of three distinct shifts on eight hours consecutive duty, classes and lectures not to be included. Such an arrangement can only be successfully carried out, however, under conditions which do not at the present time exist in most of our training schools, by reason of the fact that it necessitates greater financial responsibility, and a much larger personnel than many of the schools are equip-

ped to deal with. The employment of graduate nurses on general duty has proved a happy solution in times of pressure. The adoption of this policy as a permanent measure we know is being worked out in some hospitals.

In dealing with this and other problems which arise does it not behoove those engaged in hospital, training school and ward administration to regard them as a stimulus to greater effort to strive in the interests of the profession, bearing in mind its ideals and the object for which hospitals and their personnel exists?

THE HEAD NURSE

By MISS DOBBIE

Since no two hospitals are alike and no two wards even in the same hospital quite the same, each head nurse will have her own individual difficulties which she alone must solve. But there are certain broad problems which are common to us all, and which may partially be solved by discussion and question.

As our schools have progressed greater demands have been made on the head nurse. These demands or responsibilities are in the nature of a privilege since they mark a step upward. How to fulfill such responsibilities adequately is indeed a problem. There are many aspects from which we can view the possibilities of administering a ward, but the most fundamental of all is that of the **patients' welfare.** All arrangements, plans and routines are made with this end in view. In order to provide proper care for her patients, and in so doing fulfill her responsibility to the doctors, the head nurse must plan her time to include inspection of the patients, rounds with the doctors, supervision and teaching of her nurses, and housekeeping duties. Which of these phases is she going to emphasize?

The patient, obviously, must come first. The head nurse must know each case intimately, both in its professional and human interest. Apart from the ordinary contact which one has with the patient during the day, complete rounds in the morning, noon and evening are a great help. A minute's talk with the patient, a glance at the way he is fixed, his dressing done, his tray set, his general attitude, will satisfy the head nurse whether he is comfortable and has received proper attention from the junior nurse. The patient then has the feeling that there is a responsible person who knows every detail of his condition.

The question of who will do the charting is sometimes a problem—to allow the student nurse do it for experience or to do it all oneself. In the former case the head nurse allows too great an opportunity for error, unless there is complete supervision and correction with a corresponding loss of time. If she does it all herself the pupil nurse will not be familiar with methods of charting, or the actual cases themselves. The majority of hospitals overcome this largely by allowing senior nurses and night nurses to do the charting which is necessary in the absence of the head nurse. Junior nurses are taught to chart in class, and are allowed free access to the charts on the ward. Extra lessons are given before going on night duty or taking up more senior duties.

A head nurse cannot be present at all procedures—therefore she must have reliable junior nurses amongst whom she can divide the work. No badly taught or inexperienced nurse is reliable, however conscientious she may be. Unless the nurses know and understand the procedures of the ward, understand the cases and their respective needs, they cannot be expected to perform their duties either adequately or intelligently. How can the head nurse, in the often

too limited time a nurse is on the ward, provide her with this necessary knowledge and give her that training and experience which are her due? There are a number of ways in which this difficulty may be partially surmounted. In the first place each new nurse should be shown the patients and given a brief description of each with the outstanding points. The new nurse then feels that she has something to go on and her interest is stimulated. There is less danger of the mistakes which can so easily be made in unfamiliar surroundings.

Morning and evening reports read aloud to the nurses are a splendid thing. They summarize each case and the happenings for that day, and remind the nurses of those things which have occurred during their hours off duty. After the report has been read in the morning a five minutes' discussion of different diseases or conditions from a practical standpoint, using one of the cases on the ward for illustration, serves to link up the theoretical knowledge which the nurses may already have with the practical nursing of that particular case.

Another very effective method of teaching the nurses is a series of practical ward demonstrations given periodically to groups of nurses. A book of notes on cardinal diseases, their causes, symptoms and general treatment is a great assistance on the ward. If the nurses have procedures explained to them so that they understand why each step is taken, they work very much more intelligently and quickly. It is most important that a nurse should not be exposed to the danger of mistakes, both for her own sake and that of the patient. Protect them and they will be more self-confident and learn quicker. It is so often the fear of doing things badly that will prevent and destroy initiative.

The organization of the ward is most important. Things can run very easily or there can be a great deal of overlapping of work and confusion. A daily list of duties posted on a bulletin board in the ward, and the nurses assigned to them, is both a reminder of what is to be done and a check for the head nurse if anything is badly done. It is also helpful to have a list of daily cleaning and a routine for the week with nurses made regularly responsible for the various duties.

A separate doctors' room off the ward for the purpose of writing histories, examining patients, and miscroscopic work is a great convenience. It eliminates much of the confusion which results from the doctors working in the nurses' office. They can keep all their papers, etc., separate and it also offers an excellent place for discussion and consultation.

Since there is so much practical teaching on the wards it is most essential that the methods be uniform. A procedure carried out on ward "E" must be done in the same way on ward "B," otherwise there will be no basis for criticism or correction—yet this same uniformity should not be carried to the point of destroying resourcefulness. Trays should be set up in a similar manner and the general layout of the wards much the same. In this way, with the changing nurses, less time will be lost in adapting themselves to their new surroundings — also in emergency they will be able to find things quickly. This uniformity can be greatly increased by frequent meetings of the head nurses with the instructors, and in practical demonstrations for the school; also by the use of printed slips of ward procedures kept on each ward.

There are many minor problems which it might be interesting to discuss. For instance, of what value is the operation bed? Is it not better to leave the ordinary bed with hot water bottles in it with a rubber and

(Concluded on page 639)

Department of Private Duty Nursing

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*Professional Etiquette**

By Dr. HELEN MacMURCHY, Ottawa

The Canadian Nurses Association is to be congratulated not only on its organization and membership but on having helped by its work to unite the provinces and the Dominion. All the provinces now have Acts for the Registration of Nurses and every province has a Provincial Nurses Association in affiliation with the National Nurses Association. The organization seems perfect and it has helped to gain higher standards, university recognition, the development of public health nursing and other modern plans for preventive medicine.

Etiquette may be thought of by some here present as a superfluous and indifferent thing. This cannot be true, for etiquette is a part of tradition which is a powerful force in human life. Happy are they who have traditions to guide them—personal, family, scholastic, professional or national. There are some things that we do not say and some things that we will not do. There are other things that we do by instinct without stopping to reason why, as long as we remain ourselves. Yet there was a time when these things had never been done at all and then someone thought and did them for the first time.

One is reminded by the presence of the Canadian Nurses Association in the capital of the Dominion, and by the ceremony of the day before yesterday in the Parliament Buildings, of legislative traditions. They are numerous. Members of Parliament must rise if they wish to speak in the House. They must be recognized by the Speaker. They must address Mr. Speaker. They must not address each other as "you." They must not even speak of another member by his name, but as "My hon. friend" or as the "Hon. member for ———" (mentioning the name of the constituency represented). They must not take or leave their seats without bowing to Mr. Speaker. All these rules of procedure, all this parliamentary etiquette has a history. There is a reason for it.

Even at "The Top of the World" we find etiquette. When Rasmussen visited a Canadian Eskimo village of snow-huts in 1921 he was surprised to see all the women, with faces set, approach in single file the place where he had parked his dogs and sledges and walk all round them, still in single file, till they had made a complete circle. Human beings, they told him, must not be content with what they can see. Spirits, unseen and unknown, might have joined his party from the air—evil spirits. So every woman who had borne a child must help to "cut a circle" round his possessions. The evil spirits would be imprisoned within the circle and lose their way to the camp. That was the reason of the "Mothers' March."

Every race, nation and profession has its own way of doing things. A way of doing things is only another name for etiquette and there is always a reason for it. It may be a far-off historical event — but the deeds of historic days secured our liberties and privileges and still point to our duties. The custom is honour-

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ed to show that the liberties and privileges are secure and that we are ready to do our duty. Our professional etiquette concerns chiefly our relation to other people—to our patients, to the general public and to each other.

One of the gains of the Great War was that through the recognition of the place and work of army medical officers and nursing sisters the troops were almost as safe from disease on active service as they would have been at home and the sick and wounded were cared for efficiently and tenderly in military hospitals in a way that had never before been possible. Inconceivable suffering was prevented and countless lives were saved because military etiquette and medical etiquette were reconciled.

If we had never thought of medical etiquette before, we had to think of it when we started to practise. Where are we going to get our first patient? Who knows or cares how well we are trained or what good nurses or doctors we are? The etiquette about this is that a new doctor settling in a place to practise is supposed to call on all the doctors already settled there. Some difference must be made according to the place, whether country, village, town or city. In the latter case, books on medical ethics suggest that a distance limit of a mile or even a half-mile should be observed. Of course we call on doctors we already know —our old professors or friends of our family—or those who have been good enough to ask us to call or to let them know when we are settled. It is a pleasant and useful etiquette and applies to nurses as well as doctors.

Your first case often comes from the Nurses' Registry or from your own hospital. You know your superintendent always tries to give you at least one case very soon. Try within twenty-four hours to speak to each one of the doctors you called on and let them know that you are out on a case for about two weeks, but that someone will always take messages for you at the address you gave. These things are all quite right and proper and are expected of you and will be a great help in getting started. They are all strictly in accord with medical etiquette.

Presently calls will be much more numerous and the Tempter will urge the young nurse to pick and choose. Dr. Goodandkind rings you up to ask you to go to a patient at 1213 Straight Street and instead of saying, "I will be there within an hour (or sooner if necessary)," a nurse has been known to reply, "What is the case, doctor?"

What do we mean by such a question? It is not according to professional etiquette. Do you mean that you are trying to limit your work to children, for instance? Or to maternity patients? Or to surgical cases? If so, it would be quite right to tell the doctor. But perhaps it would be better to take care of this patient first and tell the doctor of the change you have made in your professional work afterwards when you call on him, as it is often wise and courteous to do, at the conclusion of the case. The right kind of doctor does not say, "What is the case?" when he is called—meaning by that that he does not want to go.

Rudyard Kipling wrote:

"Every sane human being is agreed that this long-drawn fight for time which we call Life is one of the most important things in the world. It follows therefore that you, who control and oversee this fight and you who will reinforce it, must be amongst the most important people in the world. Certainly the world will treat you on that basis. It has long ago decided that you have no working hours that anybody is bound to respect, and nothing except extreme bodily illness will excuse you in its eyes from refusing to help a man who thinks he may need your help at any hour of the day or night. Nobody will care whether you are in

your bed or in your bath, on your holidays or at the theatre. If any one of the children of men has a pain or a hurt in him you will be summoned. And, as you know, what little vitality you may have accumulated in your leisure will be dragged out of you again.

"In all times of flood, fire, famine, plague, pestilence, battle, murder, or sudden death, it will be required of you that you report for duty at once, go on duty at once, and remain on duty until your strength fails you or your conscience relieves you, whichever may be the longer period."

It is the glory of the medical profession never to say "No" to the call of need, and those who would share its glory must share its duty.

Can professional etiquette help us when doctors do and say things they should not, for none of us is perfect? Let us think before we speak. And when we think perhaps we shall remember Sir William Osler said, "Silence is such a powerful weapon." It is. The patient's husband may say to you, "The doctor says that if we had had a better nurse my wife would have got well much sooner." In what words shall the nurse reply? Perhaps she will just look pleasantly at the husband and smile. Perhaps she will say, "Oh, did he?" This is one of the situations we can afford to sleep over, meantime going on saying nothing but doing our own work and minding our own business. The husband may have misunderstood the doctor. There was once a consultant called in by a family physician who said, in the subsequent private interview with the husband and the family physician, almost in so many words, that if the patient had had a better husband there would be more chance for her recovery. Perhaps that was what this doctor said.

"It may safely be said that in Dr. Osler the nursing profession found a consistent supporter who did much to place it in the position it now holds in this country and in the world at large." . . . .

"He consistently held the position that there was no more high-minded body of men to be found than that which composed the medical profession, and that it was unseemly and unbecoming to engage in personal and professional disputes and controversies which could only tend to discredit the profession in the eyes of the public, and breed bitterness and hatred in the minds of those who indulged therein. Instead, he was always counseling against too hasty judgment of the actions of a confrère, especially as reported by a patient, however well-meaning he or she might be, because so often such remarks are unintentionally misquoted and such actions misconstrued. 'Never let your tongue say a slighting word of a colleague. It is not for you to judge. Let not your ear hear the sound of your voice raised in unkind criticism or ridicule or condemnation of a physician. If you do, you can never again meet that man face to face. Wait, try to believe the best. Time will generally show that the words that you might have spoken would have been unjust, would have injured a good man and lost you a friend, and then, silence is such a powerful weapon.' "*

When in doubt, the first and last question is, "What is the best thing for the patient?" The answer to that question shows us where we are, whether it be the family, the friends and neighbours, the doctor or somebody else who is disturbing our peace.

Is it the best thing for the patient that he should have confidence in the doctor, and in the other nurse, and in our profession? Yes. How can we help a patient who has lost confidence in us? We should not do or say anything to undermine that confidence. The good name of our colleague is as dear to us as our own. He is our brother. She is our sister. Say nothing of him or her that you

* Memorial Volume.

would not like him or her to say of us. And if, unhappily, we see among our colleagues by some sad mistake, Mr. Worldly Wiseman or Mr. Facing-both-ways, we can always go the other way and join ourselves to the company of some member of the Canadian Nurses Association or the Canadian Medical Association. These associations need us and we need them.

How did our great colleague Sir William Osler become such a shining example to us all? You will see in his Life, by Dr. Cushing, and still more in the Memorial Volume edited by that distinguished friend of the Canadian nursing profession, Dr. Maude Abbott of McGill University. When you go to Montreal, see the memorial tablet to Dr. Osler in the main corridor of Montreal General Hospital. The last line is:

"He Followed The Golden Rule."

That was the secret. His standard was so high and his heart so true that professional etiquette passed out of sight below the path that he trod.

When our hearts are in our work and we have right and natural feelings towards our colleagues, professional etiquette becomes instinctive.

. . . . . .

Who that is here present will ever forget this gathering of nurses and nursing sisters in the August of 1926 in Ottawa, and the fifty-three Canadian nurses, two matrons and fifty-one nursing sisters, two in the British Imperial Army Nursing Service, thirty-nine in the Nursing Service of the Canadian Army Medical Corps, twelve in the United States Army Corps, who gave their lives in the Great War, and who, being dead, yet speak.

"To you, from falling hands, we throw
The torch. Be yours to hold it high."

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towel at the head, ready to receive the patient? When the latter arrives fan fold the clothes to the foot, remove the bottles and draw the clothes up again, the patient retaining the woollen blanket next him, which has been heated in the operating room. Much time is spent making the somewhat complicated beds on a ward where there are a number of operations: are they any more useful than this simpler form?

We have all had our trials with the intake and output charts. Unless these amounts are correct there is little use having them at all. I should like to know a really satisfactory method. After telling the patient what is required of him, and its importance, so that there will be no surreptitious begging of fluids from other patients, I find it best to have one nurse only responsible for patients on limited or charted fluids. Then for all cases of measured output large 24 hour amount jars which are emptied and measured at a regular hour. But even with these precautions I find that mistakes occur and it is very difficult to trace their source.

Present day nursing affords a vivid contrast with that of a very few decades ago. The fact that our problems have increased a hundred fold should be a source of pride. The very cognizance alone of these difficulties indicates the increasing intelligence which is being concentrated on nursing questions today. With no problems to solve, no conditions requiring betterment, a profession or art quickly loses much of that stimulus which makes for progress. Nursing today would perhaps seem perfection epitomized to our grandmothers, but let us hope that we will still have an inheritance of problems for the nurses to follow us, and that they will bring to their solution the added intelligence and enlightenment for which we are now working.

Department of Public Health Nursing

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A Synopsis of Provincial Reports on Public Health Nursing Progress in Canada, 1924-26

By MURIEL MACKAY, Secretary

Prince Edward Island

Public Health Nursing in Prince Edward Island holds a rather unique position in this field of work as compared with the other provinces, in that it is still more or less in its infancy, being only five years old, and is being conducted entirely by the Red Cross Society. There is a Provincial Health Officer, but no Provincial Department of Health, no local health departments, neither does the Board of Education employ any school nurses, so that the Red Cross reigns supreme in health activities, and is giving a small but active public health nursing service to the province.

The Island is as lacking in private agencies for welfare work as it is in public ones. There is no Victorian Order of Nurses, no large industrial concerns, no Hospital Social Service departments, and no nurses employed by the Department of Soldiers' Civil Re-establishment. Two years ago, however, the Red Cross nurses did some tuberculosis home follow-up work for the D.S.C.R. and forwarded reports of the cases to the Halifax headquarters, but that has since been discontinued. There are two orphanages which together accommodate about 125 children, and two branches of the Children's Aid Society. The Women's Institutes, of which there are 120 scattered throughout the province, are very active and have done splendid work in improving conditions in the rural schools by supplying equipment, raising funds for the building of new schools and the repairing of old ones, beautifying school grounds, providing facilities for the preparation of hot school lunches. etc. The poor of the province are provided for by the local church organizations and in Charlottetown also by the Free Dispensary for the Poor, which employs a district visitor who dispenses food, clothing and simple drugs to the needy.

In this province, where no health work of any kind had been done previous to 1922 and where, when the Red Cross commenced school inspections with the permission of the Chief Superintendent of Education, it was considered a "fad," some measure of success has been attained when now every school in the province, and there are 478 of them, has had a health inspection, and many of them more than one inspection, and that the visit of the Red Cross nurse is looked forward to with great expectation and every effort is made on the part of the teachers to assist her. In home visiting, whether it is for the school child, the pre-school child, the infant or the pre-natal case, the result of health teaching is being demonstrated, the mothers are taking much more interest in infant care and feeding, and are greatly interested in encouraging the children to keep the health rules. The Red Cross Health Centre continues as a popular place for old and young to go to have their weight and height checked up. Other work undertaken is Home Nursing Classes both for adults and older school girls, lessons in First Aid to C.G.I.T. groups, a course of lectures on health topics to the students of the Normal School, welcoming new British settlers to the province, holding tonsil and adenoid clinics, chest clinics, and clinics for crippled children. The Red Cross makes arrangements with the hospitals, doctors and dentists for free treatment for children whose parents are unable to pay.

The Junior Red Cross is active in many class-rooms, and besides having their health clubs the members have raised sufficient funds to provide glasses for 91 children whose parents were unable to afford them, and have also helped several handicapped children by supplying iron foot braces, crutches, paying hospital fees, etc.

Plans for the future are to enlarge the work by adding two more nurses to the staff, making a total of four, and opening an office in Summerside. This has been made possible by the Provincial Government giving an additional grant and by the Canadian Tuberculosis Association giving financial assistance. The Maritime Tuberculosis Educational Committee has assigned a chest specialist to the Island for part time service; chest clinics therefore will be held twice yearly by the Red Cross and more tuberculosis follow-up work undertaken by the nurses. Every effort will be made to stimulate public opinion so that a health department may be established and hospital accommodation provided for the tuberculous.

Nova Scotia

Although the number of nurses employed in Public Health work has not greatly increased, there has been continued progress during this period.

As the Massachusetts-Halifax Health Commission was only organized to function for a definite time, the staff was reduced from fifteen to six nurses. The library of this

organization is now available at the Dalhousie Public Health Clinic for the nurses of the city of Halifax.

The work at the Dalhousie Public Health Clinic is now well organized and being successfully carried on by a staff of three nurses with the co-operation of the other organizations in Halifax.

One of the local hospitals and two graduate nurses are providing nursing service on a commission basis to the policy-holders of the Metropolitan Insurance Company. Outpatient departments have been recently organized in two hospitals with full-time graduate nurses for this work. In addition a nurse has been appointed to each of the following organizations: Provincial Normal School, Department of Indian Affairs and the Home Nursing Organizing Department of the Provincial Red Cross Society.

Tuberculosis is the most tragic problem, challenging the energy and conscience of the public health workers of Nova Scotia, and a marked showing has been made in the development of activities to combat it. A member of the medical staff of the Massachusetts-Halifax Health Commission and the Provincial Department of Public Health have given most of their time to this clinic work for several years and further development of this service is anticipated.

Arrangements are now being made to have a Health Educational car attached to the Better Farming Train that is to cover all parts of the Province this summer.

In conjunction with St. Francis Xavier College, the training school of St. Martha's Hospital in Antigonish is to begin a course this year which will lead to the degree of B.Sc. in Nursing. In the fifth year of this course, these nurses will receive instruction to prepare them for special hospital positions and public health work.

New Brunswick

Child Welfare has been the chief development in the Public Health work of New Brunswick. Two Child Welfare nurses have been employed by the Board of Health of St. John since May, 1926.

The Victorian Order has undertaken the pre-natal work and conducts a weekly conference in the Health Centre. Clinics have been held in St. John Health Centre with a very good attendance. Sackville has established a school dental clinic.

Increased co-operation from children and parents is helping in the treatment of undernourished school children, the Junior Red Cross being a great help in developing this spirit.

The Lady Byng Camp for delicate children is now a full-time summer camp with a daily attendance of twenty-five. An interesting point brought out by the survey of school children in two centres by the Department of Health's travelling diagnostician is, that the children of New Brunswick are infected with tuberculosis at an earlier age than children of other provinces where such surveys have been made. A campaign to further the work of the Anti-Tuberculosis Association is being planned, including enlargement of the Provincial Sanatorium.

Increased attendance at the St. John Health Centre pre-natal and pre-school clinics has without doubt assisted in lowering the infant death rate, which, it is hoped, will be shown for 1925 to be slightly below 100 per 1,000 births.

The Red Cross and Women's Institutes are ably assisting in promoting public health throughout the province.

In conclusion, a programme for expansion in public health nursing is not to be expected until the financial condition of the Province is improved sufficiently to provide county nurses, which is at present the greatest need.

Quebec

Progress in Public Health Nursing in the Province of Quebec during the past two years has been outstanding.

The Institute Bruchesi was re-organized in 1924, regular T.B. Clinics for adults and children were established, and during the summer of 1925, the Institute conducted a fresh air school for children susceptible to tuberculosis. In 1924 a new organization known as the Anti-Tuberculosis and General Health League was organized in Montreal. This League has a demonstration area and is carrying on a generalized plan of work in that area, with supervision of tuberculous families throughout the city. Special surveys have been conducted, close co-operation is maintained with the City Department of Health, and there are many plans for the future. The Victorian Order of Nurses has re-organized its different districts throughout the Province, more stress is laid upon health education, and in Montreal ante-natal work has had special supervision, and has become a most important feature.

The Child Welfare Association of Montreal has greatly enlarged its scope of work, and has conducted special demonstration work in goitre prevention in the high school for girls, and during 1925 carried on a Forest School demonstration for forty children.

Special diphtheria immunization clinics are to be established in Montreal and special work in connection with preventable conditions affecting the health of children are among the plans of the immediate future.

The Provincial Department of Health has seventeen anti-tuberculosis centres established throughout the province, and will add several more during the present year. They are also planning a system of county health work in the near future.

Many industrial firms contemplate having a higher standard of public health work in connection with their employees. The most outstanding industrial nursing in the province is that of the Laurentide Health Service in connection with the Laurentide Paper and Pulp Company, at Grandmere.

In 1924 the Mental Hygiene Committee established Child Guidance Clinics in connection with its programme in Montreal, and

these clinics have been very successful in attendance and results.

One of the most important events has been the establishing of a school of Public Health Nursing in the University of Montreal, for French-speaking nurses. The initiative in establishing this school is due to the Metropolitan Life Insurance Company, who were very keen that all their French-speaking nurses have the advantages of post-graduate training in public health nursing. The course of nine months combines theory with practise, and marks an epoch in the future of public health nursing among the French-speaking people of this Province.

The school for graduate nurses at McGill University has a Department of Public Health Nursing, and its graduates are filling many important positions throughout Quebec and Canada generally. Extension courses are arranged throughout the term, so that nurses engaged in public health work may attend at a convenient hour of the day.

The future of public health work in Quebec looks exceedingly bright and every public health nurse is full of optimism regarding her own individual work and its ultimate results, as it affects the Province as a whole.

Ontario

The organization of the Registered Nurses Association of Ontario in April, 1926, replacing the Graduate Nurses Association of Ontario, brought with it a section for the public health nurses of Ontario.

Anticipating the change, the Public Health Committee has been inactive during the past year in order to avoid further confusion to the relationship of local, provincial and national organizations with their committees and sections.

The public health nurses of each district association elect one councillor, nine in all, and the annual meeting of the section elects the chairman, vice-chairman and secretary of the section.

A and B.—Since complete information is not available of public health work discontinued and undertaken during the past two years, no reports on these points have been compiled.

C.—Plans for the future include: (1) Co-operation with district membership committees in the enrolment of public health nurses in the R.N.A.O. Lists of the public health nurses who are members of the district associations are now available for each public health councillor. Lists of nurses registered within the district, but not yet members of the R.N.A.O. will be available in the near future.

(2) The public health councillors have received questionnaires dealing with supervised public health field work available for the hospital schools. The purpose of this questionnaire is to compile information for the use of the Nursing Education Section. It is hoped the information will lead to closer co-operation in nursing education between public health nurses and the staffs of the hospital schools.

(3) The R.N.A.O. has requested the Nursing Advisory Committee of the Ontario Red Cross to consider requesting the Red Cross to add to that committee a public health nurse from each district association.

(4) Reports from the outlying areas of the province having revealed lack of co-ordinated effort on the part of Provincial Welfare agencies, the need for study of the situation was brought to the attention of the R.N.A.O. by the Section. An inter-relations committee has been appointed by the Board of Directors with power to appoint a sub-committee to study the possibilities of co-ordinated effort. The section will co-operate in securing information for this sub-committee.

Events which have been significant in indicating the trend of public health work in Ontario are:

1. The transfer of school health services from the Provincial Department of Education to the Department of Public Health.

2. The policy adopted by the Red Cross of appointing nurses with public health training or experience in charge of their Out-post hospitals.

3. The inauguration by the Toronto Branch of the Red Cross of an experiment in training visiting housekeepers and employing them for service in homes disorganized by illness or other social causes. A representative committee of Toronto nurses has participated in this experiment and five nurses are members of the executive committee.

4. The Toronto experiment in providing public health experience for hospital students which was initiated nine years ago reached a new stage in September, 1924, when the plan of sending selected students to the Department of Public Health for two months' experience was abandoned. All hospital students are at present enrolled with the University Extension Department for a month of public health work and assigned by the staff of the University Department of Public Health Nursing for practical experience with the service organizations of the city. Conferences are held dealing with the underlying principles of public health work and their application as observed by the students. The junior students of the hospital schools receive a short course of lectures from the staff of the same University department.

This most recent phase of the Toronto experiment is interesting because it reveals the deepening conviction that a public health point of view has value for all nurses and that it is not desirable for a hospital school to release selected students for a long period with the purpose in view of preparing them for public health nursing.

5. The Department of Public Health Nursing of the University of Toronto has announced a new course for public health nurses. This experiment in nurse education reorganized the curriculum of the four years now spent by a nurse in qualifying for public health work.

6. This university department has announced another significant experiment. A series of conferences will be organized for a limited number of the staffs of hospital schools who are engaged in nurse education. It is understood that a limited number of public health nurses participating with the hospital schools in nurse education may join these conferences.

7. The requests from public and private agencies throughout the Province for well-qualified public health nurses exceeds the supply.

The Public Health Section purposes to request the R.N.A.O. to forward two suggestions to the Ontario Division of the Red Cross when they consider the appointment of a travelling instructor in public health for the hospital schools of the province: (1) That the instructor, if appointed, shall communicate with the public health councillor of a district before completing her plans for the hospital schools of the district. (2) That the instructor shall be permitted to co-operate with the district associations in their educational projects for the public health nurses of the district.

Manitoba

Preventive and curative public health work has progressed for the children of the province through the increased number of dental, eye, nose, throat and orthopedic clinics, and through surveys for physical and mental defects of school children. Health instruction and inspection of students is carried on in the Normal School by a nurse instructress.

In November, 1925, a long-felt want was met when the Board of Health sanctioned the appointment of a nurse to undertake the following duties: Tuberculosis nursing in districts where there is no permanent public health nurse; a social service nurse at Ninette Sanatorium and a clinical nurse at chest clinics outside of Winnipeg and Ninette Sanatorium.

Public health work in the schools has progressed. Two important health surveys have been made in the schools, one for tuberculosis, the other for goitre, and clinics for the treatment of these diseases have been established at the Children's Hospital. In March, 1925, special arrangement was made for the care of twenty-five crippled children. Industrial nursing is carried on by the Metropolitan Insurance Co., Swift Canadian and T. Eaton Co.

A sight-saving class has also been established. Testing and diphtheria immunization have become more general. In unorganized territory the Red Cross carried on their splendid work by means of five nursing outposts, each supplied with a nurse. Three new clinics have beer opened at the Winnipeg General Hospital, viz., Cardiac, Diabetic and Post-natal, the volume of work being greatly increased.

Saskatchewan

The development of work already undertaken is indicated by:

1. Child Welfare Clinics conducted by Local and Provincial Health Departments have been extended to include all children up to school age.

2. An active campaign for protection against diphtheria by toxoid inoculation for pre-school and school children was carried on in 1925.

3. A survey of school children in the city of Weyburn was made by the Anti-Tuberculosis Association in 1924. Full-time assistance was given by nurses from the Provincial Departments of Health and Education. A similar survey, commenced in 1925 among Indian children, is still in progress.

4. Baby clinics have been organized on reserves by the nurses employed by the Indian Department.

5. The time of one nurse with the Provincial Public Health Department has been given to investigation in cases of tuberculosis. Local clinics have been organized for diagnosis in tuberculosis.

6. The time of one nurse with the Provincial Public Health Department has been given to work in settlements of non-British born.

7. Definite districts with permanent headquarters have been assigned to school nurses with the Provincial Department of Education.

The training of nursing housekeepers and the work of the nurse with the Division of Soldiers' Civil Re-establishment have been discontinued.

New work undertaken follows:

In 1924—The Red Cross Society organized a Hospital for Crippled Children. Its capacity has been increased to 30 beds in 1926, with three nurses. Cases are cared for from all parts of the province. Home nursing classes were organized through the Red Cross Society in all parts of the province, with nurses as voluntary teachers.

In 1925—The Saskatchewan Health Officials Association was organized. Public health nurses are included in membership and represented on the executive.

Plans for new activities include Social Service work to be undertaken in the city of Regina by the local Red Cross Society, one nurse to be employed.

Alberta

Work undertaken previous to 1924 has been continued and enlarged upon where possible.

The district nursing service in unorganized and outlying territory has steadily gained in favour and amount of service rendered. While the main function is the care of the sick, the district nurses also do preventive work, namely: health inspection of school children; child welfare conferences; immunization of children against the various diseases under the direction of the Provincial Medical Officer of Health.

Into these districts has gone for the past two years a mobile clinic, consisting of doctor (nose and throat specialist), dentist and nurse.

A nurse with experience in lecturing has been added to the Division of Social Hygiene.

Last summer a representative visited the extreme northern points in the province, going by way of the Peace River and returning up the Athabasca and Slave Rivers. All the small hospitals and missions engaged in hospital work were visited. Great credit is due the Grey Sisters of Charity in these remote places for the splendid service rendered to the trapper and trader and his family when overtaken by sickness or distress.

In January of this year a Refresher Course was arranged for the district nursing staff, including the following subjects: Obstetrics, Diseases of Children, Communicable Diseases, Skin and Venereal Diseases, Immunization, Public Health and Sanitation, Infant Feeding. The University Hospital Out-Patient Department, Child Welfare Clinic and Isolation Hospital provided a wealth of material for demonstration purposes.

In some of the Public Health Nursing districts it has seemed advisable to add visiting nursing similar to that done by the Victorian Order of Nurses to the other duties of the nurse. It is not believed, however, that this can be done successfully in large districts.

In 1924 the Provincial Red Cross appointed a trained Public Health Nurse for the purpose of organizing Home Nursing Classes throughout the province. This service has been greatly appreciated by the people. This year another nurse has been added who speaks the Ruthenian language.

In co-operation with the Canadian Council on Child Welfare a series of pre-natal letters were prepared. Any expectant mother may obtain these letters on request.

Plans for the future will be the opening of more Health Centres. These centres primarily will be Child Welfare Conferences, and it is hoped in time to include all other phases of public health work.

British Columbia

Vancouver and vicinity have held a number of get-together suppers, at which a speaker addresses the nurses on some special phase of their work. The public health nurses of Vancouver Island held one get-together luncheon at Duncan.

The Public Health Section of the provincial association have this year started the collection of uniform photographs of public health work to be made up in a portfolio, as a permanent exhibit and history of public health nursing in the province. The British Columbia Association voted $50.00 for this purpose at the annual meeting.

Three churches have hospital boats for the settlers and loggers dwelling along the coast and on the islands.

The Red Cross is active, taking a particular part in the care of crippled children. A solarium is in process of construction, where these children will receive heliotherapy treatment, as given in Switzerland and England. Patients will be received from any part of Canada. The solarium is situated about fifteen miles from Victoria.

The Dominion Quarantine Station at William Head also contributes valuable aid to the public health work of British Columbia.

The following table gives the number of nurses reported by the different provinces as being engaged in Public Health Nursing. These are divided into: (1) Public Agencies, which include Provincial Departments of Health and Education, Local Departments of Health and Education; (2) Private Agencies, which include Victorian Order Nurses, Provincial Red Cross Societies, Local Red Cross Societies, Industrial Concerns, Departments of Hospital Social Service, Departments of Soldiers' Civil Re-Establishment; (3) Other organizations which include all other interests employing nurses, who would not appear in Classes (1) and (2).

PROVINCE	Public Health Nurses Employed by: Public Agencies	Private Agencies	Other Organizations	Total Number of Public Health Nurses Employed in: 1923	1922	Public Health Nurses who are members of the Public Health Section of the Canadian Nurses Association 1923
Prince Edward Island	--	2	--	2	3	2
Nova Scotia	18	45	--	63	67	33
New Brunswick	8	25	--	33	27	24
Quebec	56	203	--	259	133	213
Ontario	297	200	20	517	472	189*
Manitoba	59	36	--	95	122	90
Saskatchewan	38	29	--	67	57	29
Alberta	37	13	1	51	42	27
British Columbia	--	--	--	81	74	70
Total	513	553	21	1168	997	677

*Ontario enrolment incomplete because of reorganization.

Canadian Army Medical Nursing Service

Frontier Nursing with the Red Cross

By N/S AGATHA V. GAMBLE

It required two flat York boats towed by a gasoline launch to convey our party, which included Miss M. E. Wilkinson, Director of Nursing Service for the Ontario Red Cross, Dr. and Mrs. Dingwall, of Dryden, Ont., Miss Finnie, my assistant, one orderly, and myself, from Hudson, Ontario, to Red Lake, a journey of almost two hundred miles by water.

Through the courtesy of the Hudson's Bay Company we were escorted by eight Indian guides, over a tortuous route, following many lakes and rivers. No one but the factor of the Hudson's Bay Company at Hudson could have succeeded in packing away under yards of tarpaulin seven thousand pounds of equipment, consisting of hospital supplies, groceries and personal luggage. This was no easy task but finally it was accomplished and amid many good wishes of the citizens of Hudson we set sail on Monday morning, June 28th, 1926.

The weather was warm, with bright sunshine. We made ourselves comfortable at the stern of the second boat and wondered what the day would bring forth. At noon we landed on a beautiful island for dinner. After an hour's rest we proceeded on our journey, thrilled at visiting the Hudson's Bay post at Lac Seul, which is said to be one of the prettiest posts in Canada. At about 2 p.m. the weather changed; it turned cold and the wind began to blow. In a few minutes hail stones were beating upon us and we were glad to seek shelter under the tarpaulin. The hailstorm did not last long but the wind continued and soon we were buffetted by large waves. At 4 p.m. the white buildings at Lac Seul were to be seen in the distance In due time we arrived and were welcomed by the factor, Captain Aldous.

It was now 6 p.m., our tent was pitched and we were told by the captain of our flotilla that on account of the weather we would spend the night at Lac Seul. During the evening we were delightfully entertained by Captain Aldous. Despite a night rolled in blankets on the sandy beach of Lac Seul we were enthusiastically ready to begin the second stage of our journey at 4.30 the following morning.

With one short halt for dinner we travelled continuously the second day. The weather was cold and

several small showers almost dampened our ardour. We reached Pine Ridge at 4 p.m. and after a hurried cup of coffee, procured at the restaurant, we continued on our way to the first portage, where all of our equipment was landed on the dock and placed on a wagon drawn by two teams in preparation for the first long, hard pull of almost one mile through the deep mud.

The second night we camped at Mattawa, a discarded Hudson's Bay post fifteen miles from Pine Ridge, and started early next morning on the last lap of our journey. We were now travelling in large canoes propelled by a Johnson gasoline engine.

During the third day several portages had to be made to avoid falls and rapids. Towards evening the tented settlement of Red Lake was sighted and soon we had disembarked and were being welcomed by the inhabitants. Two tents near the post office were given over for our temporary accommodation. Next morning the mines doctor and the manager of the Dome mine came to discuss a location for our hospital. A site was soon decided upon and a gang of eight men commenced to clear a space in the dense forest and made way for our tents, which were pitched on log foundations with solid flooring within them.

Two days later Miss Wilkinson and Dr. and Mrs. Dingwall flew away in the "Lark" and we were left alone, but not lonely!

In four days our hospital, which consisted of one large tent 24′ x 12′ for living quarters, one small tent 14′ x 12′ for a ward, was finished and the business of unpacking and getting settled began. Our one ambition was to be absolutely independent and not make our neighbours feel we had to be looked after; however, we did accept help with the cook stove. The gang of men carried it from where our equipment had been piled, near the McIntyre pier, to the kitchen of our tent. We insisted that we could assemble it and set it in place. Next morning we decided that our stove had better be the first problem tackled so that our meals could be properly prepared. Problem it proved to be! When the pieces — put together with the wrench of our Coleman lamp—were finally a stove we were covered with black lead and not on speaking terms! But as something usually saves the day so it happened when the doctor appeared to ask if we were ready for a patient. All unkind thoughts against the stove and pipes, also my badly crushed finger, were soon forgotten in our excitement to admit our first patient, a young man with an acute tonsillitis. Imagine if you can two nurses, one with an axe and the other with a hammer, trying to find the box where the pyjamas were packed. However, in less than one hour we had our patient tucked in bed and hot gargled. By night our equipment was all in our own back yard and covered with a large tarpaulin, loaned by the Dome. That night it rained, and continued to do so for three nights and days. While it rained we emptied packing cases and converted them into cupboards. Like our stove, our chairs and tables were put together with the aid of the hammer and Coleman wrench. The washing machine alone refused to submit to our skill. No one less than the master mechanic at the Dome could make that washing machine wash!

Saturday, July 10th, found us ready for any emergency. On Sunday evening we were invited by the manager of the McIntyre mine to listen to their radio, but before we reached the end of the trail we had to dash home again to admit our second patient: a man weighing two hundred and fifty pounds, absolutely helpless with arthritis. Needless to say we were confined to barracks for the following month.

Fresh meat was somewhat of a problem. Our neighbours were most kind and remembered us very often with delicious fresh fish. On one occasion a parcel was left at our door accompanied by the following note:

City Meat Market

Nurses:—

My son will leave you this parcel of meat containing (1) heart, (2) hip roast or steak, (3) chops, (4) liver, for breakfast. Hope this reaches your hands tidy and clean. Respectfully, (Sgd.) Outlaw.

This little act of kindness was repeated several times during the summer, and strange to say this generous friend remained a mystery.

Nor is the spiritual side of a miner's life in a far country forgotten. Towards the end of August the Rt. Rev. Dewdney, Bishop of Keewatin, and Mr. Anderson, a full-blooded Indian padre, visited Red Lake and announced that they would hold a service that evening in front of the post office. It was the most unique gathering I have ever attended. All surrounding camps were well represented. The men came attired in their working clothes, which made a striking contrast with the Bishop and Padre, who were in full surplice. While we were singing the first hymn two large canoes filled with Indians—men, women and children — came silently down the lake and joined the little service. The sun was slowly sinking behind the tree tops; quiet evening prevailed: even the lake seemed hushed to hear what the Bishop had to say. He chose for his text those words from St. Matthew: "Lay not up for yourselves treasures upon earth, where moth and rust doth corrupt, and where thieves break through and steal; but lay up for yourselves treasures in heaven where neither moth or rust doth corrupt and where thieves do not break through and steal."

With the closing of the Dome mine on August 15th our doctor departed and we were left to carry on. Fortunately our second serious case, a man with concussion, was improving, and the fact that any case beyond our skill could be gotten out by 'plane made us feel quite secure. However, nothing more serious than axed feet and infections caused by insect bites had to be contended with. During September we ran a small free clinic and in this way were able to convey to the people the spirit of the Red Cross. Before we closed our outpost at the end of the month the Indians were beginning to come for advice.

The thought of closing made us feel quite sad. One by one the camps were pulling out for the winter and there seemed no excuse for us to remain. Furthermore, the weather was becoming more unsettled and the nights quite frosty. One night we experienced a small hurricane, and that quite decided us. It had rained all day and towards evening the wind began to blow, increasing in volume with the passing of each hour, until at midnight the trees began to crash to the ground. We became quite alarmed and decided that our hut was no longer safe as there were a number of tall poplars at the back. Already several trees had fallen and the ground was white with snow. We lighted our lantern, hurriedly dressed and in a very few minutes were dashing through the trees to the old assay office, which is a log structure and stands in a clearing. By morning we discovered thirteen small trees in our park had blown down: one of which fell on the step of our hospital tent. We heard reports of much damage but no casualties. Next day a wire from headquarters instructed us to store equipment and proceed to Pine Ridge by 'plane.

Unfortunately the 'plane service had been discontinued.

Dismantling our small hospital was much less pleasant than constructing it, but by keeping uppermost in our minds the thought that it would be re-opened in the spring we managed to pack carefully away the many things that had made our happy little home.

After waiting four days for a transport and realizing that winter was fast approaching, we finally decided to travel in a small skiff owned by an able seaman and one assistant, as far as Snake Falls, where we hoped to get the Hudson's Bay boat, which would take us to Pine Ridge. When we reached Snake Falls we found the large boat had left one hour earlier that day so there was no alternative but to push on. Fortunately it was not cold, but the sky looked threatening. When we had reached our old camping ground, Mattawa, it grew suddenly dark and the rain began to fall. After travelling ten miles we had reached the last long portage. There was a light in the Hudson's Bay supply tent so we decided to take shelter there until the rain had ceased. There was one Indian on duty in the tent; he made us welcome and built a fire for us, beside which we were able to dry our outer garments. We were hungry but there was no food to be had. The rain continued until 6 a.m. By this time it was daylight and our ambition was to reach Pine Ridge before the rain commenced again. On we went, but before we had travelled one mile the rain was once more descending upon us. Needless to say we reached Pine Ridge more wet and more hungry than we felt the night before.

Everyone in Red Lake and Woman Lake seemed to be travelling. Not a room was to be had in Mr. Mullin's hotel, or anything to eat until the bread was baked for dinner. We were invited into the kitchen where a huge fire was burning in an immense range. Here we were able to dry our wet clothing and with hungry eyes watch the bread and pies being made for dinner. We were told the "Prospector" would not leave for Hudson until the next morning, which meant we would have to spend the night at Pine Ridge. The only available accommodation was a bunk in the kitchen, which we accepted. Preparation for breakfast began at 3 a.m., consequently — for us — the night was short, but we were at least warm and dry.

Next morning at 6 a.m. we left Pine Ridge for Hudson, travelling on the "Prospector," a comfortable little boat with accommodation for twenty people, with a chef to cook the meals. We reached Hudson at 6 a.m., feeling very homesick for our wee home and dogs, left many miles behind at Red Lake. Yet the fact that our three months spent in the new mining country had been quite justified comforted us greatly. Awaiting us at Hudson was a letter from headquarters informing us that we were to have ten days' leave, which was much appreciated. But ere those ten days expired Miss Finnie, my assistant, rushed off to Toronto to be married! And thus my story ends with a happy climax.

To the Nursing Sisters,

Canadian Army Medical Nursing Corps:

With all affection sharpened by the recollection of the memorable August reunion may this greeting to the eye convey my loving wishes for the very merriest of Christmases to all members of the Universal Sisterhood of the C.A.M.N.S. May the New Year shower increased prosperity upon all Overseas Sisters' Clubs and foster the birth of additional ones.

Margaret Macdonald.

News Notes

ALBERTA

CALGARY

Misses Nan D. B. and M. P. Hendrie recently returned from a four months' holiday with friends in Scotland.

Miss B. M. Hunter, who won the 1925 scholarship, left recently to take a post graduate course in eye, ear, nose and throat work, in the Manhattan Hospital, New York.

The private duty section of the C.A.G.N. met in the Y.W.C.A. parlours in November, with a good attendance. The convener, Miss P. Bishop, in the chair.

Mrs. E. Fulsher left recently for Honolulu.

The delegates of the A.A.R.N. were guests of the C.A.G.N. at a luncheon at the Palliser Hotel on November 23rd. Arrangements under the converership of Miss Fraser have also been made for a dance at the Alzar Temple on December 6th.

Following are the results of examinations for registration of nurses conducted by the University of Alberta in September: Passed—Misses E. Aronson, E. Baird, E. Bannan, J. C. Brown, B. A. Brown, H. Byjorkgen, E. A. Christie, G. Cowen, J. Cresswell, K. M. Daly, R. L. Eastman, J. M. Fenton, M. H. Folkins, D. M. Gordon, M. I. Graham, T. A. Grove, A. P. Henderson, J. B. Jardine, R. E. Johnstone, H. S. Lee, M. Magnusson, V. Melsted, F. B. Miles, B. C. Morris, M. M. Mullen, A. T. McColl, T. MacDonald, M. C. McGarrity, A. H. McGillivray, M. McLean, F. J. McWhinnie, E. McNaughton, E. E. Patterson, O. M. Perry, D. V. Phipps, E. M. Piper, C. Splane, L. A. Schlichtman, M. Sweet, R. F. Vivash, R. M. Ward, M. Wheatley, D. Witts, E. Wright.

Granted supplementals in surgical nursing—Misses M. C. Ackland, M. Hall, A. McKee, E. Stoness.

EDMONTON

While in Edmonton Dame Maud McCarthy was entertained at a luncheon at the Royal Alexandra Hospital and in the afternoon was guest of honour at a tea at the University Hospital. In the evening she was an invited guest at the banquet given at the McDonald Hotel by the Edmonton Press Club in honour of Arthur Hemming. The following morning Dame Maud was driven round the city and in the afternoon was an interested spectator at the Baby Health Clinic. In the evening she was the guest of honour at a banquet at the Chateau McDonald, arranged by the Edmonton Graduate Nurses Association, the Overseas Nurses Club and the I.O.D.E.

Miss E. Robinson has returned to Edmonton but has not yet sufficiently recovered from her recent accident in Detroit to resume her duties.

Mrs. Berry, of Lethbridge (nee Tina Johnston), and young son are in the city, spending some time with Mrs. Berry's sister, Mrs. Kyle.

Miss B. Guernsey, lady superintendent of the Royal Alexandra Hospital, gave a most interesting account of the Canadian Nurses Association general meeting and the unveiling of the memorial at a recent meeting of the Edmonton G.N.A.

Miss Bell has resigned as secretary of the E.G.N.A. as she is leaving the city for Innisfail, where she has accepted a position on the staff of the Municipal Hospital. Miss V. B. Bailey was appointed secretary for the remainder of the year.

Miss Olive Watherston and Miss Olive Grant are taking the eight months course in public health nursing at the University of Alberta.

Royal Alexandra Hospital

The nursing staff entertained at a dinner on September 16th in honour of Miss Pearl Mahaffey (1923), whose marriage to Mr. Kenneth Prior, B.S., took place in Edmonton on October 8th. Miss Mahaffey has been head nurse of the women's wards since her graduation. Her many friends wish her every happiness in her new life. Mr. and Mrs. Prior left Edmonton for Portugal on October 8th where they will reside for six months before proceeding to Portuguese West Africa.

Miss Hazel Dean (1926) has taken charge of the 4th floor West.

BRITISH COLUMBIA

CRANBROOK

St. Eugene's Hospital

The graduation exercises of the class of 1926 took place recently in the assembly hall of the hospital. The graduating class—the Misses May Williams, Susie Diebolt and Mildred Clark—were the recipients of many beautiful flowers and useful gifts. Mr. G. J. Spreull opened the proceedings with a warm tribute to the hospital as an institution second to none in the interior of the province. His Worship, Mayor Roberts, stressed the work being done by the hospital and complimented the doctors, sisters and nurses on the up-to-date methods of treatment, furnishings, surgical equipment and service at St. Eugene's. The

Rev. J. P. Elmann spoke on nursing as a profession, Dr. Green addressed the graduates and Dr. G. E. L. MacKinnon presented the diplomas and medals, after which a musical programme was given and refreshments served.

Sister Gabriel is giving a series of lectures in elementary psychology to the nurses of the junior class and one in diet and disease to the nurses of the senior year.

Plans are being drawn up for the new nurses' home.

Miss Matilda Diedericks, who spent most of the summer months in Chicago doing intensive work in methods of teaching in schools of nursing, has returned to open her fall classes in the hospital.

Sister M. Nazareth, superior, has returned to Cranbrook after a trip through the Eastern States and Canada.

VANCOUVER

The regular monthly meeting of the Vancouver Graduate Nurses Association was held at St. Paul's Hospital, November 10th, Miss K. Ellis presiding. At the close of the business session a programme arranged by the Alumnae of St. Paul's Hospital was very much enjoyed.

Misses M. Granger and B. McPherson have accepted positions in hospitals in Honolulu.

Among the entertainments given for Miss Jean Browne during her recent visit to Vancouver was a luncheon by Misses Meta Hodge and C. Davidson. The guests included members of the Red Cross Committees, Mr. Charlesworth, secretary of the B.C. Teachers' Federation; Miss Mabel Gray, of the U.B.C.; Mrs. Calhoun, V.O.N., and others interested in Red Cross work.

Vancouver General Hospital

Miss Helen Connor, 1923, has accepted a position on the staff of the Rotary Clinic in Vancouver, and Miss Geary, 1926, is on the staff of the social service department of the Vancouver General Hospital.

Miss H. Weatherhead, 1921, who has been doing private nursing in Seattle for the past year and a half, has returned to Vancouver.

Miss Molly Granger, 1920, and Miss B. Macpherson, 1925, sailed in October on the Aorangi for Honolulu, where Miss L. Findlay, 1920, has been staying for some time.

Miss Mae McArthur, 1913, who has been spending her vacation at home, has returned to Iowa to resume her duties as superintendent of nurses at the University Hospital in that city.

Miss H. Lumsden, 1919, has returned from California and is at present visiting in Victoria.

Miss Molly Hamilton, 1925, has accepted a position on the staff of the hospital at Mayo.

Miss M. Shand, 1912, and Miss Jean Leveson, 1926, have been awarded V.O.N. scholarships and are attending the University of British Columbia.

Miss M. Gay, 1926, is visiting friends in Toronto.

Miss Pat East, 1926, is doing school district nursing in Keremeos.

Miss E. Smith, 1926, is visiting at her home in Regina, Sask.

On Saturday, October 30th, the V.G.H. A.A. held a Hallowe'en Musical Tea at Mrs. (Dr.) Carder's. Miss M. Zane was convener of arrangements.

Miss Nellie Carter, 1913, has taken a position at Chatham House Hospital, Vancouver.

Miss Evelyn Bowman, 1925, is now practical instructor to nurses at the Regina General Hospital.

Miss Moino Foggs, 1925, is now on the staff of the hospital at Trail, B.C.

Miss Winnie Steward, 1925, is head nurse at the nurseries, St. Luke's Hospital, San Francisco, and Miss Lillian Buchanan is in the surgery at the same hospital.

Miss Daisy Gerie, 1926, has been appointed to the training school office, Vancouver General Hospital.

Miss Beryle Graham, 1925, has joined the staff of the social service department, Vancouver General Hospital.

Sympathy is extended from all members of the Alumnae to Miss Jean Stevens in the recent loss of her mother and to Miss Bessie MacPherson in the loss of her father.

Miss G. M. Curry has been appointed matron at Brentwood College. She is a graduate of Pembroke Cottage Hospital (Ontario), and later graduated in public health nursing from the University of British Columbia. For four years Miss Curry was matron of the King's Daughters Hospital at Duncan, then superintendent of Chemainus Hospital for two and a half years before joining the Victorian Order of Nurses, from which she resigned recently.

St. Paul's Hospital

Miss E. Stevens, president of the Alumnae Association, has returned from an extended visit to the prairie provinces.

The bazaar held on October 27-28 for the benefit of St. Paul's Hospital was a great success. In appreciation of the interest taken by the nurses, Sister Clarissa, superior, donated a considerable sum to the Alumnae funds. The spirit of co-operation existing between the sisters and nurses is the foundation of their deep attachment to the hospital.

Miss K. Flahiff, of the nursing staff, the Mayo Brothers clinic, Rochester, Minn., is returning next month to Vancouver for a visit.

Misses K. Graham and T. Wyllie are leaving soon to join the staff of the Tranquille Hospital, Kamloops.

Miss Sproule has joined the staff at Ladysmith General Hospital, Vancouver Island.

Miss Pierson, a graduate of the University of California, has been recently appointed dietitian at St. Paul's Hospital.

MANITOBA

BRANDON

A very successful bridge party was held at the nurses' residence of the General Hospital on the evening of the 18th October, under the auspices of the Brandon Graduate Nurses Association. The sum of $160 was realized and will be devoted to the purchase of a quartz lamp for the children's ward.

Miss Helen Cumming, of the General Hospital staff, is taking a post graduate course at the Babies Hospital, New York.

WINNIPEG

The quarterly meeting of the Manitoba Association of Graduate Nurses was held on November 9th in the Y.M.C.A., Winnipeg, when a report of the general meeting of the C.N.A. at Ottawa was given by the president, Miss E. Russell.

Miss L. V. H. Hill (Winnipeg General Hospital, 1924) has accepted a position in the Winnipeg General Hospital as supervisor of West II (Women's Surgical Ward).

NEW BRUNSWICK

CAMPBELLTON

Miss Jean Jamieson, Soldiers' Memorial Hospital, 1925, has completed a two months' post graduate course at the Shriners' Hospital for Crippled Children, Montreal, and has been appointed floor nurse in the Royal Victoria Maternity Hospital, Montreal.

Miss Ethel Glover, Soldiers' Memorial Hospital, 1925, recently spent a holiday in New Brunswick. Miss Glover has been doing institutional work in New Hampshire.

Miss M. F. Bliss, superintendent, Soldiers' Memorial Hospital, attended the general meeting of the C.N.A. in Ottawa and was present at the unveiling of the Memorial and the Overseas Nurses dinner.

During the summer months the Alumnae Association of the Soldiers' Memorial Hospital raised a sum of money through their talents.

Rev. Mother Audet, Hotel Dieu, was elected president of the Maritime Catholic Hospitals Association at the 4th annual session held in Antigonish, N.S.

Miss Flora Adams, Soldiers' Memorial Hospital, 1925, is taking a post graduate course at the Shriners' Hospital for Crippled Children, Montreal.

MONCTON

Miss Grace Grant has accepted a position at Dorchester, Mass., and Miss Hazel Jones a position on the staff of Brooks' Hospital, Brookline, Mass.

Miss A. J. MacMaster, superintendent of Moncton Hospital, has returned from a vacation of two months, spent in the United States. During her absence she attended the general meeting of the C.N.A. in Ottawa and the unveiling of the Memorial.

Dr. and Mrs. H. E. Britton are on a motor trip to the United States.

Mrs. L. D. Wadman spent the summer months at her home in Bathurst, N.B.

SAINT JOHN

Miss Louise Peters has been appointed nurse-in-charge of the surgical floor, General Public Hospital, Saint John, and Miss Beatrice Reid has resigned from the nursing staff of that institution.

Misses Rhoda Keith and Beatrice Reid spent their vacation in Massachusetts.

The many friends of Mrs. William Griffin (Bertha Thompson, 1293) are sorry to hear that she is leaving Saint John to reside in Worcester, Mass.

Miss Isobel Richardson, General Public Hospital, 1926, has been appointed night supervisor, Chipman Memorial Hospital, St. Stephen.

NOVA SCOTIA

Miss Gertrude Barnaby (Victoria General Hospital, Halifax), who has been doing private duty nursing in the United States, will do private duty nursing in Halifax for the winter.

Miss Daisy McCurdy (Victoria General Hospital, Halifax), who has been engaged in private duty nursing in New York, is spending a few weeks in Halifax.

N/S Laura Hubley, Military Hospital, Halifax, has returned to duty after a delightful vacation visiting friends in Medicine Hat and other western cities.

Miss Georgina Pope, R.R.C., formerly matron of the Military Hospital, Halifax, and a member of the Canadian Nursing Service in the South African War, and also in the Great War, is visiting in Halifax, warmly welcomed by her many friends.

Miss Pemberton, charter member of the Registered Nurses Association of Nova Scotia, at present doing hospital work in Virginia, attended the general meeting of the C.N.A. in Ottawa.

Forty nurses wrote on the provincial examinations for registration held on October 19th and 20th.

Miss Edna Johns, formerly a member of the Massachusetts-Halifax Health Commission staff, has accepted a position in York, Pa., U.S.A.

Miss Esther MacWatt has accepted a position with the Massachusetts-Halifax Health Commission.

Miss Ruth Hart, who has been doing private duty nursing in Halifax, has left for Montreal, to engage in the same work there.

Miss Madeline Scott, Montreal General Hospital, 1922, is spending her vacation in Halifax.

Miss Agnes Carson, for several years assistant superintendent of nurses at the Victoria General Hospital, Halifax, is now superintendent of the Children's Hospital, Halifax.

Miss Lillian Shand, for a short time on the staff of the Victorian Order of Nurses in Halifax, and who is a graduate in public health nursing from the University of Toronto, was married to the Rev. J. R. Ibbott, in Saint John, N.B., on September 9th, 1926. They are residing at 11 Carleton St., Halifax.

The following three nurses have recently been added to the staff of the Victorian Order of Nurses in Halifax: Miss Anna Morrison, Yarmouth; Miss Margaret Cameron, Antigonish; and Miss Hall, who has been appointed assistant superintendent.

The annual meeting of the Halifax branch of the Registered Nurses Association of Nova Scotia was held at the Dalhousie Health Centre on October 26th. In the afternoon a business session was held before the close of which the following officers were elected: President, Miss M. J. Hayden (re-elected); first vice-president, Miss Laura Dunlop; second vice-president, Miss Carson; recording secretary, Miss Jane Hubley; corresponding secretary, Miss Knee; treasurer, Miss H. G. MacKenzie. In the evening Miss Elizabeth S. Nutt, principal of the Nova Scotia College of Art, gave an illustrated lecture, after which dancing and refreshments were enjoyed.

ONTARIO

The Registered Nurses Association of Ontario, District No. 2, held a meeting at Guelph on October 12th, with fifty-two members present. The general meeting was held in the Assembly Hall. Miss Jamieson, of Brantford, tendered her resignation as convener of the finance committee and Miss Ferguson, of Guelph, was appointed in her stead. Miss Arthur's report of the general meeting of the Canadian Nurses Association in Ottawa was fully appreciated. Dr. Clare, of Homewood Sanitarium, gave a talk on sickness, referring most particularly to its relationship to the mental conditions with which he is so familiar. Several visits were paid during the meeting, the first being to St. Joseph's Hospital where a tour of the hospital was made, followed by lunch in the nurses dining room. Dr. H. O. Howitt gave a lecture on Condensed Heat Rays: X-Rays, Radium. Later the reformatory was visited. At 3 p.m. the Guelph General Hospital was reached, the guests being welcomed by Miss Shortreed and her assistants. There Dr. McCarter gave an interesting lecture on Metabolism, and Dr. Hackney's lecture and demonstrations of Physiotherapy were also very interesting. After tea had been served the Homewood Sanitarium was visited, where Miss Northmore and her assistants received, and conducted the tour of inspection.

BRANTFORD

The regular meeting of the Alumnae Association, Brantford General Hospital, was held in the nurses' residence on the evening of November 2nd, a large number being present. Several business discussions were carried on, the chief consideration being the financing of a formulae room for the children's wing of the hospital; no definite decision was arrived at, however. The programme was made very enjoyable with vocal numbers by Misses Duffy and Kiefer and readings by Miss Waghorne.

Miss A. E. Burt and Miss E. Austin, 1924, have accepted positions at the General Hospital, Gardner, Mass.

Miss I. Isbister and Miss V. Hopkins are on the staff of the Mary McLellan Hospital, Cambridge, N.Y.

HAMILTON

Hamilton General Hospital

Miss Anna Coutts has been appointed assistant night supervisor.

Miss Carrie Lanaway and Miss May Wright are on special duty at the Albany Hospital.

Miss Alice Brown is relieving for the Victorian Order of Nurses.

Miss Claire Mackie has a position in Detroit.

Miss Janet Elliott is spending the winter in Edmonton, Alberta.

Miss Ida Garden spent the summer and early autumn relieving at the hospital in Labrador.

KINGSTON

The regular monthly meeting of the Alumnae Association of Kingston General Hospital was held on September 14th. Mrs. Leggett (the president) read her very interesting report of the C.N.A. general meeting, held at Ottawa in August.

Dame Maud McCarthy made a short visit in Kingston en route to Montreal. During her stay a tea was given in her honour at the nurses' home, Kingston General Hospital, and she was entertain-

ed at a dinner given by the overseas nurses at the Cataraqui Golf and Country Club. Dame Maud was also taken on drives to the local hospitals, Royal Military College and places of historical interest.

On November 2nd the K.G.H. nurses in training enjoyed their annual masquerade dance, held in Grant Hall, Queen's University.

LONDON

The Edith Cavell Association held their annual meeting at the home of the new president, Mrs. Partridge. The officers for the year were elected and a programme for the year was considered. It was decided to assist the Child Welfare Association through gifts of clothing and contributions to the milk fund. The delegate's report of the general meeting of the Canadian Nurses Association was presented.

TORONTO

Toronto Western Hospital

The Edith Cavell Memorial Residence was officially opened on the evening of October 21st, 1926. Following the devotional ceremony, conducted by the Ven. Archdeacon Inglis, a handsome bronze tablet to the heroic nurse, Lena Davis, was unveiled by Mrs. W. J. Wilkinson and presented to the Board of Governors by Dr. Augusta Stowe-Gullen. An honour roll inscribed with the names of seventy-seven graduates of Western and Grace Hospitals who served overseas was unveiled by Major-General J. T. Fotheringham and presented by Mrs. Annie Yorke. After the unveiling ceremonies the many guests were received by the officials of the hospitals, Mrs. Thomas Crawford, Mrs. E. R. Wood, Dr. A. Stowe-Gullen, Mrs. Gilmour, Miss Ellis, Miss Rowan. The guests then made a tour of the spacious building, aglow with brilliant lights and flowers. It has eight storeys: individual rooms for the nurses, several reception rooms, a library, and on each floor is an attractively furnished sun room. A roof garden is another pleasing feature. Refreshments were served in the large dining room, which is furnished in olive green and red.

The Alumnae Association held its 1926 reunion, in the form of a high tea, in the Edith Cavell Residence on October 22nd. About 150 nurses, including representatives from the first graduating class, 1898, to the latest. Several former superintendents of the training school were guests of honour, including Mrs. Shaw, from Montreal, Mrs. Skeans, Miss M. McKee, Brantford, Miss B. Ellis (the present superintendent), Miss McAfee (the assistant superintendent) and Dr. Augusta Stowe-Gullen, president of the Women's Board. Miss Wiggins, president of the Alumnae, was in charge of the ceremonies and conducted the roll call for the different years, which proved a merry feature of the programme. Messages of regret were read from two former superintendents, Mrs. J. C. Keddie, Timmins, Ont., and Miss Scott, Sarnia General Hospital. Dr. Stowe-Gullen, one of the prime movers in securing the residence, was presented with a portrait of herself, to be hung in the new residence. The presentation was made by Miss Mary Corley. All members were then welcomed to view the new residence and a very jolly evening came to a close.

Miss Ida McAfee was hostess to a linen shower given in honour of Miss Ruth Welstead, who was married on November 13th.

Toronto General Hospital

The following are the recent changes on the hospital staff: Miss Adele Winter, 1919, has been appointed assistant instructor and supervisor of preliminary students, succeeding Miss Constance Fisher, 1920, who resigned. Miss Eugenie Stuart, 1925, has been appointed head nurse on ward A. Miss Laura Irwin, 1925, is relieving as head nurse in "D" operating room. Miss Ruth Young, 1924, who has been in charge of "C" operating room leaves shortly for New York, where she has been appointed to the staff of the Rockefeller Institute. Miss A. Landon, 1926, has been appointed assistant head nurse in the private operating room. Miss Sadie Williams, 1925, has succeeded Madam Le Doux, resigned, as assistant night supervisor of the P.P.P.

Miss Elizabeth McKague, who underwent an operation for appendicitis recently, is making a satisfactory convalescence. In her absence Miss Amy White, 1925, has charge of ward H.

Miss Hunt, 1925, has recovered from her recent illness and has resumed her duties as head nurse on floor one, P.P.P.

Miss Norma Cass, 1924, has been appointed assistant head nurse on floor five, P.P.P.

Hospital for Sick Children

The first meeting of the Alumnae Association for the fall of 1926 was held in the nurses' residence on Thursday, October 14th, at 8 p.m., the president (Mrs. Langford) in the chair. A very delightful introduction to the meeting was the presentation of a corsage bouquet to the president as a mark of appreciation for her excellent work and constant interest in the work of the association. The minutes of the annual meeting were read and adopted and a most encouraging treasurer's report presented. Plans were made for a charity bridge to be held two weeks later. Miss Jenkins, who had represented the Alumnae Association in

Ottawa, gave an interesting report of the meetings. The speaker of the evening was Dr. Margaret Patterson, Toronto's first and only woman magistrate, who held the interest of all the members while she recounted some of the early struggles of the women of Toronto to establish a court for women only. Dr. Patterson punctuated her account with amusing stories of her experiences in the Toronto Police Court, where no woman had ever before sat on the seat of justice. She was listened to with great interest and attention, and at the close of her address answered several questions from the floor. A delightful programme of music followed and the meeting was brought to a close by a social half-hour over the coffee.

A very successful bridge was held by the Alumnae Association on Friday, October 29th. The Occupational Therapy rooms were beautifully decorated with flowers for the occasion and the spirit of Hallowe'en prevailed in the colour scheme. The guests were received by the president, assisted by Mrs. Little (C. Wallace, 1913) and Mrs. Robertson (Glenna Rock, 1917). Many graduates and friends played at the prettily decorated tables during both afternoon and evening. A welcome sum was added to the treasury as a result.

QUEBEC

MONTREAL

Children's Memorial Hospital

The Alumnae Association held a very enjoyable dance at the Graduate Nurses' Club, Bishop Street, on October 22nd.

Miss E. Hillyard, 1924, who graduated from McGill last year, has accepted the position of instructress of nurses at the Children's Memorial Hospital.

Miss M. Watson has resigned from the staff of the Children's Memorial Hospital and is taking the administration course at McGill.

Miss E. Morris has accepted the position of night supervisor, and Miss M. Wright that of infant ward supervisor, Children's Memorial Hospital.

Miss Tennant, 1926, is in charge of the Chateauguay Convalescent Home.

Miss A. Hanson and Miss A. Sutherland have accepted positions on the staff of the Royal Victoria Hospital.

The following graduates are now with the Victorian Order of Nurses, Montreal: Miss Shedrick, 1923; Miss Burns, 1924; Misses Chisholm and Duret, 1925.

Montreal General Hospital

Miss Barbara Yardley, 1926, is on the staff of the outpatient department. Miss Olive V. Mulligan, 1925, on the staff of the Grandmere Hospital, Grandmere, P.Q., and Miss Esther E. Lewis, 1925, has accepted a position as assistant superintendent of Lachine General Hospital.

Miss Lillie De Vere, 1923, accompanied by her mother, has gone to reside in Los Angeles, California, where she will be engaged in the nursing profession.

Miss Louise Stewart, who has been absent from Montreal for six years, living at her home in St. John, N.B., has returned to Montreal and is engaged in private duty nursing.

Mrs. Thomas (K. M. McLean Clark) has accepted a position in Edgehill School, Windsor, N.S. Her two daughters are attending this school.

Miss Emily Dwane, 1923, who has been engaged in industrial nursing, with the T. Eaton Co., has resigned, to take up V.O.N. work at Sherbrooke, P.Q.

Miss Frances Alcombrack, 1920, who has been resident nurse at King's Hall, Compton, P.Q., has resigned and is now doing private duty nursing in Montreal.

At the October meeting of the Alumnae Association Dr. Fitzgerald, formerly house surgeon at the Montreal General Hospital, gave a most interesting lecture, illustrated by lantern slides, on Vienna and its hospitals, where he had been a student for the past year.

At the Clinical Congress of the American College of Surgeons, held in Montreal the week of October 25th, 1926, a joint meeting of the Annual Hospital Standardization Conference was also held, at which nurses, doctors and hospital people took part in a practical symposium. Two Montreal General Hospital A.A. members took an active part: Miss F. M. Shaw, who led the discussion on one of the papers read, and Miss Frances Reed, director of nursing education, Montreal General Hospital, who read a paper on the obligation of hospitals to student nurses.

Correction: In the marriage announcements in the November number of The Canadian Nurse the name Miss Hilda Little, 1923, appeared instead of Miss Ethel Little, 1918.

Western Hospital

Miss Katherine Kelly, recently lady superintendent, and Miss Laura MacLaughlin, recently night superintendent, of the Medical Arts Hospital have sailed for Bermuda, where they will engage in nursing work. Prior to their departure they were entertained at the tea hour by Miss Hannah Chisholm, at her home on Sussex Avenue.

Miss Mabel Reyner is visiting friends in Quebec City.

Mrs. Arthur Penny (Emily Benton), of Quebec City, accompanied by her young son, has been visiting friends in Montreal.

Miss Helen Ranklin, who is on the staff of the Victorian Order of Nurses at Ottawa, has recently undergone an operation for appendicitis at the Ottawa Civic Hospital and is now convalescing.

Miss Ethel Bradley has returned from France, where she has been engaged in nursing, and is now doing private duty nursing in New York City.

Miss Marguerite Johnston is engaged in private duty nursing in New York City.

Miss Aimee Harding is engaged in private duty nursing at her home in Sherbrooke, P.Q.

Miss Jessie Telfer is nursing at Rockville Centre Sanitarium, Long Island, N.Y., where she will be joined shortly by Miss Ruth Ro' ertson, who has been visiting in Montreal.

Mrs. Karl L. Brock (Cora Wintle) has been residing, since her marriage, at Trenholme, P.Q.

Miss Mabel Drake is on the staff of the Nova Scotia Sanitarium at Kentville, N.S.

Mrs. Frank Beale (Madeline Payne), will reside in Montreal on her return from her honeymoon.

Mrs. Boyce (Kathleen Barnes), who has been living in New York State for some time was visiting in Montreal recently, accompanied by her husband, Dr. Boyce.

Sincere sympathy is extended by the Alumnae Association to Miss MacArthur on the loss of her brother, and to Mrs. Boyce (Kathleen Barnes) on the loss of her baby.

The members of the Alumnae Association wish to congratulate the following recent graduates on having passed successfully the provincial examinations: Misses Maud Byrne, Charlotte MacCormick, Marjorie Macfarlane, Amy MacOuat, Vernie L. Kerr, Madge Carpenter and Lora Clark.

Royal Victoria Hospital

The members of the Alumnae Association will learn with regret of the death of Mr. H. E. Webster, superintendent of the hospital, which occurred on October 27th, after a brief illness. With the passing of Mr. Webster the Alumnae lost a warm friend and supporter. Notwithstanding his many duties and the demands on his time he was ever willing to aid the association in every possible way, giving the benefit of his advice and experience when required, no question of business or administration being too trifling for his consideration.

The following R.V.H. graduates have joined the staff of the new Royal Victoria Montreal Maternity Hospital:—

The Misses Ackhurst, Allum, Bate, Foster, Lynds, L. Macfarlane, Pendleton, Ritchie, Spencer, Spratt, Steedman, Sutherland.

Miss Barbara Widder, 1918, is doing child welfare work in Montreal.

Miss Eleanor O'Neill, 1919, is night supervisor at the Harbour Hospital, New York.

Miss Helen Clarke, 1925, is in charge of 5th floor, Ross Pavilion.

In May, 1926, the western division of the Presbyterian Women's Missionary Society appointed Miss Olive Ross, Royal Victoria Hospital, 1909, to the Fort McMurray district in Alberta, which is 304 miles north of Edmonton, at the end of the rail and where further transportation into the northern country must be made by waterways. Miss Ross writes that she received a most hearty welcome from the people, who include white people, Indians and half breeds. They keep ready a supply of split wood and kindlings and see that the water barrel is filled daily. In a letter received recently Miss Ross writes: "We have neither gas nor electricity. We burn coal oil and gasoline lamps. A friend loaned me one of the latter and it brightens the place up beautifully. We scarcely need lamps on these light evenings. There is what we call a circulating library. The post office and general store, for instance, have books sent in and we may borrow them as we choose. I have not had occasion to do so as I brought a few nice books with me and I have the papers which we get just once a week. I find I have little time for reading. The population numbers about four hundred." Miss Ross knows pioneer conditions and feels that this work is the most worth while service in which she could be engaged.

QUEBEC

Jeffery Hale's Hospital

The Alumnae Association held their annual dinner at the Chateau Frontenac, Quebec, on Tuesday, October 19th, 1926, when the guests of honour were the graduating class of 1926: Misses Mabel West, Martha J. Baines, Mabel Smith, Regina Roy, Freda O'Connell, Gertrude Martin, Mae Brown, Elsie Lemesurier, Marion Seale, Marjorie Clark, Mary Buckley.

The tables were very nicely arranged and decorated with pink carnations and the school colours of yellow and gold. A good menu was provided and the honorary president, Miss Mary Shaw was present. The president, Miss Mayhew, presided at the dinner. Miss F. L. Imrie gave the toast to the King, and many other toasts were given and responded to. A merry evening came to a close by the singing of Auld Lang Syne. The convener was Miss H. A. MacKay.

The Alumnae Association held their first monthly meeting since April, 1926, on Monday, October 4th, and will hold regular monthly meetings the first Mon-

day of each month until April, 1927. Nine new members were enrolled in the Alumnae Association this year.

Dr. James Stevenson, one of the staff surgeons, addressed the Alumnae Association on Monday, November 1st.

The following members attended the joint conference on nursing at the meeting of the American College of Surgeons in Montreal: Misses M. Shaw, Lady Superintendent of Jeffery Hale's Hospital, F. L. Imrie, H. A. Mackay and A. Murphy.

The Rev. Mr. Harrington and Mrs. Harrington (Miss Jones, 1920), of Labrador, and infant daughter, who were visiting in Quebec recently left for Montreal to visit Mrs. Harrington's relatives.

The graduates of Jeffery Hale's Hospital are all very pleased to hear of Miss Elizabeth Ford's rapid recuperation, after being a patient at Jeffery Hale's Hospital.

Miss Regina Roy, graduate of class 1926, is travelling in Europe with a patient.

C.A.M.N.S.

HALIFAX

On June 14th, 1926, the Overseas Nurses' Club of Halifax, N.S., was organized and the following officers elected: Hon. President, Matron-in-chief Macdonald, R.R.C.; president, Matron K. O. MacLatchy, R.R.C.; vice-president, Matron S. C. McIsaac, R.R.C.. treasurer, N/S Drew, A.R.R.C.; secretary, N/S S. A. Archard, A.R.R.C.; corresponding secretary, Mrs. H. M. McLeod (N/S Condon); Hon. Member, Matron G. Pope, R.R.C. Executive: Matron L. M. Hubley, R.R.C.; N/S Louise MacDonald, A.R.R.C.; N/S Frances Rice, A.R.R.C.; N/S Josie Cameron; N/S Margaret McKenzie; Mrs. J. S. Misener (N/S Edgecombe); Mrs. E. J. Hogan (N/S Doyle).

A very enjoyable bridge was held in July at the rooms of N/S Harrison Drew.

On Armistice night the club had a dinner in the St. Julian Room of the Hotel Halifax, Halifax.

VANCOUVER

The Willow Teapot Inn was the scene of a charmingly arranged dinner given by the Military Nursing Sisters' Club to commemorate Armistice Day. The tables were most attractive with the decorations of flaming red poppies: the centre piece representing a nursing sister in service uniform standing in a field of poppies and wheat. The place cards, in the form of minature kit-bags—replicas of those used overseas—filled with fancy sweets, added a touch of local colour to the general decorative scheme. The menu cards were dainty affairs; handpainted, with the Army Medical Corps badge in gold and a nursing sister done in her service uniform on one side and the menu—a very enticing one—on the opposite page. The toast to the King was proposed by Miss E. Cameron, vice-president; that to the visitors by Miss M. MacLane, president, responded to by Miss M. Hodge. These were followed by the silent toast to our comrades who made the great sacrifice. Following the dinner, at which only nursing sisters were present, a reception with a musical programme and dancing was held. Many old friends of military days came in during the evening and joined in the festivities, making the Armistice Dinner of the Vancouver Military Nursing Sisters' Club for 1926 an affair which will linger in the memory for many days to come.

A wreath was placed on the cenotaph on Armistice Day by the Vancouver Nursing Sisters' Club at the conclusion of the Memorial Service.

During the visit of Dame Maud McCarthy to Vancouver she was the guest of honour at a dinner given by the Nursing Sisters' Club and the Military Institute at the Ambassador. Eighty guests sat down to tables decorated in red and grey. Lt-Col. Hulme, president of the Military Institute, took in Dame Maud and among the guests at the head table was Major Taylor. This is the first occasion on which these two clubs have joined forces for the entertainment of a guest and the idea proved to have been a very happy one.

A very pleasant and informal little affair took place at the home of Miss Conway Jones and Mrs. Shepherd (N/S Hamilton), at Steveston, when a luncheon was given in honour of Dame Maud McCarthy. Before coming to Canada Miss Conway Jones was a Matron in the Territorial Service under Dame McCarthy and served all through the war with the T.A.T.N.S. Dame Maud was quite interested in meeting one of her own nurses so far from home, and one engaged in such a novel and interesting occupation. Miss Conway Jones and Mrs. Shepherd are ranching on Lulu Island.

WINNIPEG

The annual choral commemoration service in honour of the soldiers of the Allied Nations, by sea, land and air, under the auspices of the Joint Veterans Association, was held in the Walker Theatre on Sunday evening, November 14th. N/S E. F. Hudson, M.R.R.C. answered the roll call of the forces for the nursing sisters. Outstanding numbers in the musical programme were the Last Post, Lament (bagpipes), the Funeral March and the Hallelujah Chorus. The refrain from any applause added to the impressiveness as a service.

The Nursing Sisters' Club of Winnipeg celebrated Armistice Day by holding a

delightfully arranged tea at the Marlborough Hotel on Thursday, November 11th. Earlier in the day several members had been engaged selling poppies.

All the nursing sisters in Winnipeg and district received invitations to the Officers' Ball, given at the Royal Alexandra Hotel on November 12th. Several of the sisters were present, to represent the Nursing Sisters' Club, and spent an enjoyable evening.

In a letter to the editor, dated November 12th, Miss Gertrude Garvin, of Ottawa, writes in part: "We had a beautiful service on the Hill last night. Our District association placed a wreath on the cenotaph, and with the small balance I had from the dinner fund I had a lovely basket of 'mums and oak leaves placed at the Memorial in the Hall of Fame with a card—'In proud and loving memory from the nursing sisters of the C.A.M.C.' A few poppies were placed there by individuals. So very many people stopped to gaze at our Memorial and exclaimed at its beauty."

During the annual meeting of the American College of Surgeons in Montreal a joint conference on nursing was held on the afternoon of October 27th.

A number of prominent medical men, hospital administrators and governors in the United States and Canada took part in the programme.

Among the nurses who contributed papers were Miss Laura Logan, Chicago, and Miss Grace Fairley, London, on a Standardization for School for Nursing; Miss Alice S. Gilman, Albany, and Miss F. M. Shaw, Montreal, on the Relationship of State Departments of Education to Hospitals through their Registered Schools of Nursing; Miss E. M. Sharpe and Miss F. L. Reed, Montreal, on The Hospital's Obligation to the Student Nurse, and Miss J. M. Geister, New York, and Miss M. Hall, Boston, on Hourly or Group Nursing.

Before the close of the sessions an opportunity was offered for discussion of subjects presented.

Among nurses present were the president and secretary of the American Nurses Association, the editor of The American Journal of Nursing, and the president and honorary secretary of the Canadian Nurses Association, as well as a large number of others from the United States and Canada.

BIRTHS

BUCHANAN—On October 24th, 1926, at the Toronto Western Hospital, to Mr. and Mrs. Buchanan (Alma Henderson, Toronto Western Hospital, 1916), a son.

CAMPBELL—On October 10th, 1926, at Casia Marie, to Mr. and Mrs. D. J. Campbell (M. Ruth Beachins, Hamilton General Hospital, 1924), a daughter.

CHINNECK—On July 23rd, 1926, at the Royal Alexandra Hospital, Edmonton, to Mr. and Mrs. E. G. Chinneck (Nell M. MacRae, Royal Alexandra Hospital), a son.

CRAIG—On August 6th, 1926, to Mr. and Mrs. N. Craig (nee Brooks, Woodstock General Hospital), a daughter.

GREEN—On October 15th, 1926, at Milton, New York, to Mr. and Mrs. Edwin W. Green (Rose Kittner, Children's Memorial Hospital, Montreal), a son (Donald McGregor).

MELSON—Recently to Mr. and Mrs. Arthur Melson (nee Atkinson), of Woodstock, Ont., a son and daughter (Arthur Graham and Frances Elizabeth)

McARTHUR—On October 26th, 1926, to Dr. and Mrs. McArthur (Minnie Burford, Toronto Western Hospital, 1922), a daughter.

McCOLL—On July 21st, 1926, at the Royal Alexandra Hospital, Edmonton, to Mr. and Mrs. McColl (Miss Russell, Calgary General Hospital), a son.

ROE—Recently, at the Vancouver General Hospital, to Mr. and Mrs. Desmond Roe (Viola Cameron, Vancouver General Hospital, 1923), a son.

SMITH—On July 2nd, 1926, at Kew Beach Private Hospital, Toronto, to Mr. and Mrs. George Smith (Helen Stuart, Riverdale Isolation Hospital, Toronto, 1924), a daughter (Marjorie Jean).

STALKER—On October 5th, 1926, at the Royal Victoria Maternity Hospital, Montreal, to Dr. and Mrs. Murray Stalker (Phyllis Pennington, Montreal General Hospital, 1925), of Ormstown, P.Q., a son.

TEAKLE—On September 12th, 1926, at Jeffery Hale's Hospital, to Mr. and Mrs. Lennox Teakle (Margaret Wilson, Jeffery Hale's Hospital, 1919), a daughter

THOMPSON—To Mr. and Mrs. Arthur Thompson (Gertrude Dunlop, General Public Hospital, St. John, 1921), a daughter.

THOMPSON—On September 29th, 1926, at the Royal Alexandra Hospital, Edmonton, to Mr. and Mrs. Herbert Thompson (Florence Buck, Royal Alexandra Hospital, Edmonton, 1923), a daughter.

WEST—On November 6th, 1926, at Toronto General Hospital, to Mr. and Mrs. Donald West (Kathleen Stewart, Toronto General Hospital, 1924), a son.

WINSTON—Recently, at Qhuquicamhia, Chile, to Mr. and Mrs. James Winston (Eleanor Campbell, Vancouver General Hospital, 1922), a daughter.

WOOD—In October, 1926, at the General Hospital, Vancouver, B.C., to Prof. and Mrs. F. G. C. Wood (Beatrice Johnson, Vancouver General Hospital, 1920), a daughter.

MARRIAGES

ACKMAN—HUESTIS—On October, 1926, at St. Stephen, N.B., Dorothy Spicer Huestis (R.V.H., 1924), to Dr. Frederick Douglas Ackman.

ALEXANDER—GRAHAM—On September 25th, 1926, at Calgary, Ruth Margaret Graham (R.V.H., 1923), to Robert Alexander. At home, 1017 Eastlake Ave., Saskatoon, Sask.

ARMSTRONG—BATEMAN—On November 20th, 1926, at Toronto, Marion Elizabeth Armstrong (Toronto Western Hospital, 1924), to Dr. Harry R. Bateman, Mount Dennis, Ont.

BEALE—PAYNE—On October 30th, 1926, Madeline Payne (Western Hospital, Montreal, 1924), to Dr. Frank Beale, of Montreal.

BELISLE—LOUCKS—On October 26th, 1926, in New York City, Fanny Elizabeth Loucks (Toronto General Hospital, 1914), to B. A. Belisle. At Home, 251 West 23rd Street, New York City.

BREBNER — DAVIDSON — On October 30th, 1926, at Knox College Chapel, Toronto, Mildred Jean Davidson (Toronto Western Hospital, 1923), to Dr. William Brebner, of Toronto.

BROCK—WINTLE—Recently, Cora Wintle (Western Hospital, 1923), to Carl L. Brock, of Richmond, P.Q.

CARLETON—WALKER—On August 28th, 1926, at Kingston, Edith Walker (Kingston General Hospital, 1923), to Dr. Harry Carleton, B.A., Horwood, Ont.

CORNELL—VINCENT—On June 3rd, 1926, at New York City, Emily Irene Vincent (Riverdale Isolation Hospital, 1918), to Harry Lewis Cornell, of New York.

CURTIS—JACKSON—On August 19th, 1926, at Brockville, Lillian G. Jackson (Kingston General Hospital, 1925) to Oscar Curtis, Elyria, Ohio.

DEWAR—BETRAND—On September 22nd at Lake Placid, N.Y., Lyda Betrand (Kingston General Hospital, 1925), to Donald F. Dewar, Toronto, Ontario.

DIXON—CRAIG—On January 20th, 1926, at Buffalo, N.Y., Mina Craig (Riverdale Isolation Hospital, 1921), to Elmer Dixon, of Oshawa, Ont.

ELLISON—MURRAY—On June 20th, 1926, Margaret Murray (Western Hospital, Montreal, 1922), to Victor Ellison, of Verdun, P.Q.

ELLIOT—RIDDLE—In March, 1926, at Beacher Falls, Vermont, U.S.A., Miss Riddle (Jeffery Hale Hospital, Quebec, 1922), to Charles Elliot, of Chicago, Ill.

FLANDERS—JOHNSON—On October 9th, 1926, at Plaster Rock, N.B., Estelle Grace Johnson (R.V.H., 1926), to Benjamin Byron Flanders.

GRAHAM — McLAREN — On November 24th, 1926, at Munsey, Ont., Helen Louise McLaren (Western Hospital, Toronto, 1924), to Dr. J. Douglas Graham, of Toronto.

HAYDEN—HOOPER—On September 8th, 1926, at St. Andrews by the Sea, Gladys Ruth Hooper (Royal Victoria Hospital, 1923), to Frederick Booth Hayden.

IBBOTT—SHAND—On September 9th, 1926, in Saint John, N.B., Lillian Shand, to the Rev. J. T. Ibbott.

MISSLEN—THORNE—On September 28th, 1926, at Brooklyn, N.Y., Myra Thorne (Children's Memorial Hospital, Montreal), to James Misslen, M.C., late Captain of Royal Newfoundland Regiment. Both of Bonavista.

MONTGOMERY—JACKSON—On October 16th, 1926, at St. Thomas, Ont., Margaret Jackson (Toronto General Hospital, 1923), to Dr. Richard C. Montgomery. Dr. and Mrs. Montgomery are residing in Toronto.

MORGAN—BROWN—On September 11th, 1926, at Wesley United Church, Toronto, Maud Elizabeth Brown (Riverdale Isolation Hospital, 1924), to Dr. Arnold E. Morgan, of Toronto.

MOSS—ELFORD—On September 4th, 1926, at Ottawa, Hazel Frances Elford (R.V.H., 1923), to William Alexander O. Moss. At home, Dundas, Ont.

MURRAY—FENSOM—On October 28th, 1926, at St. Peter's Church, Toronto, Marion Kathleen Fensom (Toronto General Hospital, 1921), to Gilbert McIntosh Murray.

McCONNEY—O'FLYNN — On September 26th, 1926, at Grand Falls, Madeline O'Flynn (Children's Memorial Hospital Montreal, 1921), to Harold McConney, of Barbadoes, B.W.I.

McGOWAN—THOMAS—On October 5th, in New York City, Bessie Thomas (Kingston General Hospital, 1923), to Leslie McGowan.

McKAY—FITZSIMMONS—On August 2nd at Ottawa, Gertrude Fitzsimmons (Kingston General Hospital, 1923), to Lionel McKay, Kingston, Ont.

McKENZIE — MACPHAIL — On October 21st, 1926, at Ottawa, Mary Estelle Macphail (R.V.H., 1921), to Charles Russell McKenzie.

McLEAN—EDGETT—On October 5th, at Vancouver, Mae Edgett (Vancouver General Hospital, 1924), to Donald McLean.

McLELLAN — TARLETON — In June, 1926, at Montreal, Lillian G. Tarleton (Children's Memorial Hospital, Montreal, 1924), to Dr. Allister McLellan, of New York. Dr. and Mrs. McLellan will reside in New York.

McMILLAN—HALL—On July 28th, at Vancouver, Dorothy Hall (Vancouver General Hospital, 1923), to Dr. Hugh McMillan.

NICHOLSON — WOODLEY — On October 2nd, at Belleville, Mabel E. Woodley (Kingston General Hospital, 1924), to Elwood Nicholson, Kingston, Ont.

RAMSAY—BERRY—In October, 1926, at St. George's Church, Montreal, Irene Berry (Children's Memorial Hospital, Montreal, 1922), to Dr. Clyde N. Ramsay. Dr. and Mrs. Ramsay will reside in Cleveland, Ohio.

SCHRAM—STINSON—On November 6th, 1926, at the Little Church Around the Corner, New York City, Lillian N. Stinson (Montreal General Hospital, 1924), to Lloyd M. Schram, of Providence, R.I.

SMITH—WELSTEAD—On November 13th, 1926, at Toronto, Ruth Welstead (Toronto Western Hospital, 1918), to the Rev. William Smith. Mr. and Mrs. Smith will reside in North Carolina, U.S.A.

SPRATT—ST. JOHN—On November 2nd, 1926, at Elgin, Man., Marjorie St. John (Brandon General Hospital, 1924), to Willard Spratt, of Elgin, Man.

STABLER—DOWSLEY—On August 19th, at Kingston, Ethel M. Dowsley (Kingston General Hospital, 1925), to Stanley Stabler, Kingston, Ont.

SUTHERLAND — BONNELL — On October 13th, at St. John, N.B., Effie Bonnell (General Public Hospital, 1924), to Dr. Ira Sutherland. Dr. and Mrs. Sutherland will reside in Annapolis Royal, N.S.

SUTHERLAND—EASDALE—On October 16th, 1926, at Ottawa, Georgina Morgan Easdale (Royal Victoria Hospital, 1925), to Dr. Colin George Sutherland. At home, Maxwelton Apts., Sherbrooke St., Montreal.

TAYLOR—COLDWELL—On September 21st, 1926, Nellie Coldwell (Victoria Public Hospital, Halifax, 1925), to Dr. Willard Taylor. Dr. and Mrs. Taylor are residing in Yarmouth, N.S.

THIRD—MACPHAIL—On October 9th, 1926, at Kingston, Katherine Louise MacPhail (Royal Victoria Hospital, 1922), to Dr. James Reginald Third.

WHITLEY—CLARK—On September 25th, 1926, at Tatamagouche, N.S., Christina Patterson Clark (Royal Victoria Hospital, 1923), to Dr. Harry Whitley.

WHITTON—BLACK—On September 28th, at Forester Falls, Violet Black (Kingston General Hospital, 1923), to James B. Whitton, B.Sc., Ottawa, Ont.

WIELAND—LEGRAND—On October 20th, 1926, at Montreal, Susan Esther LeGrand (Royal Victoria Hospital, 1924), to Walter Andrew Wieland.

WILLIAMS—HONEY—On July 6th, 1926, at Kingston, Jamaica, Gladys Mae Honey (Riverdale Isolation Hospital, 1918), to Frank Larking Williams, of Jamaica, B.W.I.

DEATHS

CLARK—On June 10th, 1926, at Wellesley Hospital, Toronto, Mary J. Clark (Riverdale Isolation Hospital, 1918), youngest daughter of Mr. and Mrs. J. Clark, Toronto.

JOHNSTONE—On September 15th, 1926, at Mount Vernon, N.Y., Mrs. Edward Johnstone (Georgia Cain, Toronto General Hospital, 1921).

KOEHAN—On October 14th, at the St. John Infirmary, Grace Koehan (St. John Infirmary, 1923).

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—Horace Man.

THE CANADIAN NURSE

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THE FLORENCE NIGHTINGALE ASSOCIATION OF GRADUATE NURSES, OTTAWA

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. F. Jackson, V.O.N., 160 Cooper St.; Vice-President, Mrs. L. M. Dawson, 83 Second Ave.; Recording Secretary, Miss F. M. Benneta, 334 McLeod St.; Corresponding Secretary, Miss G. P. Garvin, Isolation Hospital; Treasurer, Miss. E. E. Cox, Royal Ottawa Sanatorium; Executive Officers and Conveners of Committees—"The Canadian Nurse," Miss G. Bennett; Sick Visiting, Mrs. Johnston; Representatives to chapter, the President and Miss Rankin; Representatives to Registry, Miss Allen and Miss Chipman; Representatives to Local Council of Women, the Officers of the Association; Nominating, Mrs. Nettleton; Membership, Miss Stevens; Programme, Mrs. Dawson.

Regular Meeting—Every third Thursday.

SMITH'S FALLS GRADUATE NURSES' ASSOCIATION

Hon. President, Miss J. Taggart; President, Miss A. Church; First Vice-President, Miss G. Shields; Second Vice-President, Miss I. MacKay; Secretary, Miss W. Gore, Box 881; Treasurer, Mrs. E. R. Peck; Registrar, Miss M. McCreary; Conveners of Committees: Social, Miss G. Currie; Credential, Miss A. Hayes; Floral, Miss S. McKay; Representatives to Local Council of Women, Misses A. Church, S. McKay, G. Shields, Mrs. E. R. Peck.

Regular monthly meeting—3rd Wednesday of each month.

DISTRICT No. 10, REGISTERED NURSES' ASSOCIATION OF ONTARIO

Chairman, Miss Jane Hogarth, Fort William; Vice-Chairman, Miss P. Morrison, Fort William; Secretary-Treasurer, Miss T. E. Gerry Fort William; Councillors, Miss S. McDougall and M. Stowe, Port Arthur; Misses A. Walker, E. Hubman, Bell and Mrs. Foxton, Fort William; Private Duty Representative, Miss S. McDougall; Public Health Representative, Miss E. Hubman; Nursing Education Representative, Miss P. Morrison; Membership Committee, Miss Walker (Convener), Misses Wade, Boucher, McCutcheon; Programme Committee, Mrs. Foxton (Convener), Mrs. McCartney, Misses McDougall, Lovelace, Cudmore; Finance Committee, Miss Bell (Convener), Misses R. Graham, M. Stowe, B. Montpetit; "The Canadian Nurse" Representative, Mrs. Foxton.

THE FLORENCE NIGHTINGALE ASSOCIATION OF TORONTO

President, Mrs. H. M. Bowman, Women's College Hospital; Vice-President, Miss Maude Wilkinson, 410 Sherbourne St.; Treasurer, Miss Mildred Sellery, 678 Spadina Ave.; Secretary, Miss Rubena Duff, Women's College Hospital; Councillors: Misses Janet Allison, 57 St. Ann's Rd.; Frances Brown, 35 Chicora Ave.; Ethel Greenwood, 34 Homewood Ave.; Helen Kelly, General Hospital; Ida McFee, Western Hospital; Barbara Ross, 101 Dunn Ave.; Ada Luxon, 166 Grace St.; Mrs. Josephine Clissold, 34 Inglewood Drive.

BELLEVILLE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. Tait, R.N. (Superintendent Belleville Hospital); President, Miss F. Fitzgerald, R.N.; Vice-President, Miss H. Collier, R.N.; Secretary, Mrs. A. R. Newman, R.N.; Treasurer, Miss F. Hannah, R.N.; Corresponding Secretary, Miss S. Brockbank, R.N.; Flower and Visiting Committee, Miss Humphries, Mrs. P. E. Cooke, Miss Soutar, Miss Hull; Advisory Board, Mrs. P. E. Cooke, Miss Soutar, Miss Cockburn, Miss Jones, Miss Coulter.

Regular Meeting, First Tuesday in each month at 3.30 p.m. in the Nurses' Residence.

ALUMNAE ASSOCIATION OF THE BRANTFORD GENERAL HOSPITAL, BRANTFORD, ONT.

Hon. President, Miss E. M. McKee, Brantford General Hospital; President, Miss J. Wilson; Vice-President, Miss D. Arnold; Secretary, Miss I. Marshall, 91 Peel St., Brantford, Ont.; Treasurer, Miss G. Westbrook; Flower Committee, Miss M. Collyer, Miss V. Van Volkenburg; Gift Committee, Miss A. Hough, Miss I. Martin; "The Canadian Nurse" Representative, Miss D. Small; Press Representative, Miss R. Isaac; Social Convener, Miss. G. Weiler.

Regular Meeting held First Tuesday in each month at 8.30 p.m. in the Nurses' Residence.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, CHATHAM, ONT.

Hon. President, Mother M. Louise; Hon. Director, Sister M. Pascal; President, Miss Hazel Gray; Vice-President, Miss Charlotte Neff; Secretary, Miss E. Riegling; Treasurer, Miss Angela Blonde.

Representative to "The Canadian Nurse"—Miss Anna Currie.

Sick Visiting Committee—Miss L. Richardson and Miss G. Norton.

Regular Meeting: First Monday of each month.

CORNWALL GENERAL HOSPITAL ALUMNAE ASSOCIATION, CORNWALL, ONT.

Hon. President, Miss Lydia Whiting, R.N.; President, Miss Mabel Hill, R.N.; First Vice-President, Mrs. Ella Rae Hirst, R.N.; Second Vice-President, Mrs. John Boldie; Secretary-Treasurer, Miss M. Fleming, R.N., General Hospital; Convener Entertainment Committee, Miss Mabel Hill, R.N.; Representative to "The Canadian Nurse," Miss Helen Wilson, R.N.

THE ALUMNAE ASSOCIATION OF THE ROYAL ALEXANDRA HOSPITAL, FERGUS, ONT.

Hon. President, Miss Lydia McKinnon, Reg.N., Priceville; President, Miss Helen Campbell, Reg.N., 72 Hendricks Ave., Toronto; Vice President, Miss Marion Pretty, Reg.N., R.A. Hospital, Fergus; Secretary, Miss Evelyn Osborne, Reg.N., 8 Oriole Gds., Toronto; Treasurer, Miss Bertha Brillinger, Reg.N., 8 Oriole Gds., Toronto; Press Representative, Miss Jean Campbell, Reg.N., 72 Hendricks Ave., Toronto.

GUELPH GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Miss Maude Tolton, R.M.D. No. 3; First Vice-President, Miss S. MacKenzie, G.G.H.; Second Vice-President, Miss A. L. Fennell, 50 King St.; Treasurer, Miss Hazel Young, Liverpool St.; Secretary, Miss Bessie Millar, Powell St. E.

Flower Committee—Miss Beth Richardson, Miss Quinn and Miss B. Morris.

Correspondent to "The Canadian Nurse"—Miss Ethel M. Eby, 50 King St.

HAMILTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss E. C. Rayside, General Hospital; President, Miss M. H. Sabine, 132 Ontario Ave.; Vice-President, Miss I. McIntosh, 353 Bay St S.; Recording Secretary, Miss E. Wright, 222 Mt. Park; Corresponding Secretary, Miss Jean Soutar, General Hospital; Treasurer, Miss O. Watson, 80 Grant Ave.; Committees—Programme: Miss E. Buckbee, Tecumseh; Miss R. Galloway, Miss Harrison, Miss Hulik, Miss M. Pegg, Miss C. Harley; Flower and Visiting: Miss A. Kerr, Miss E. Buckley, Miss A. Squires, Miss M. Pegg; Registry: Miss A. Kerr, 83 Grant Ave.; Miss B. Buckley, Miss C. Waller, Miss Kitchen; Executive: Miss C. Waller, Convener; Miss Hall, Miss Champ, Miss Grinyer, Mrs. Hess.

Representatives to the Local Council of Women: Miss R. Burnett, Miss B. Sadler, Miss Laidlaw, Miss E. Buckbee.

Representatives to "The Canadian Nurse": Miss R. Burnett, Miss C. Taylor, Miss B. Sadler, Miss C. Waller, Miss A. Squires.

Representative to Private Duty Section of the R.N.A.O.: Miss Hanselman.

Representative to the Toronto Executive: Miss C. Harley.

ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, HAMILTON, ONT.

Hon. President, Sister M. Assumption, St. Joseph's Hospital; President, Miss Irene Murray, 21 Gladstone Ave.; Vice-President, Miss M. Maloney, 31 Eric Ave.; Treasurer, Miss Quinn, 12 Cumberland Ave.; Secretary and Corresponding Secretary, Miss M. Kelly, 43 Gladstone Ave.; Sick Visiting Nurses' Committee, Miss Fagan, 49 Spadina Ave.; Miss Wrenn, 179 Hess St.N.; Representative Private Duty Nurse, Miss Dermody, 16 Victoria Ave. N.; Representative Central Registry, Miss Corrol, 774 King St. E.; Charity Committee, Miss A. Maloney, 31 Eric Ave.; Representative to "Canadian Nurse," M. Baley, 203 Main St. E.; Executive Committee, Misses Cahill and McClarty, 774 King St. E.; Miss Nally, 157 East Ave. N.; Miss Smith, 179 Hess St. N.; Miss Crane, 24 Rutherford.

KINGSTON GENERAL HOSPITAL ALUMNAE ASSOCIATION

First Hon. President, Miss E. Baker; Second Hon. President, Miss A. Baillie; President, Mrs. E. H. Leggett, 359 Johnson St.; First Vice-President, Miss Evelyn Truman; Second Vice-President, Mrs. J. C. Spence; Secretary, Miss Lyda Bertrand, Isolation Hospital; Treasurer, Mrs. C. W. Mallory, 261 University Ave.; Flower Committee, Mrs. George Nicol, 355 Frontenac St.; Registry Nurse, Mrs. J. C. Spence, 30 Garrett St.; "The Canadian Nurse" and Press Reporter, Miss A. Gibson, 336 Barrie St.

KITCHENER AND WATERLOO GENERAL HOSPITAL ALUMNAE ASSOCIATION

President, Mrs. James Westwell, Reg.N.; First Vice-President, Miss K. Grant, Reg.N.; Second Vice-President, Miss V. Berlett, Reg.N.; Secretary, Miss Nellie Scott, Reg.N., 18 Pandora Ave.; Asst. Secretary, Mrs. J. Donnley, Reg.N.; Treasurer, Miss E. Pfeffer, Reg.N., 102 Courtland Ave.; Representative to "The Canadian Nurse," Miss Elizabeth Ferry, Reg.N., 102 Young St.

THE ALUMNAE ASSOCIATION OF ST. JOSEPH'S HOSPITAL, LONDON, ONT.

Hon. President, Sr. Zeta, Superior; Hon. Vice-President, Sr. Patricia; President, Mrs. A. Kelly, 819 Elias St., London; First Vice-President, Miss L. Golden, 382 Queen's Ave., London; Second Vice-President, Miss L. Morrison, 298 Hyman St., London; Recording Secretary, Miss H. Pitt, 440 Pall Mall St., London; Corresponding Secretary, Miss L. McCaughey, 359 Central Ave., London; Treasurer, Miss Rose Hanlon, 59 Elmwood Ave., London; Representatives on Board of Central Registry, Mrs. W. Tighe, Mrs. A. Kelly

Monthly Meeting—First Wednesday at St. Joseph's Assembly Hall.

VICTORIA HOSPITAL ALUMNAE ASSOCIATION, LONDON, ONT.

President, Miss Agnes Malloch; First Vice-President, Miss Winnifred Ashplant; Second Vice-President, Miss Annie Mackenzie; Secretary, Miss Della Foster, 503 St. James Street; Treasurer, Mrs. Walter Cummins, 95 High Street; Representative to "The Canadian Nurse," Mrs. A. C. Joseph, 499 Oxford Street; Directors, Misses E. MacPherson, M. G. Kennedy, Edith Raymond, L. McGugan, H. Smith, M. Dyer, V. Smith; Representatives to Central Registry Directorate, Misses A. Malloch, M. Turner, E. MacPherson, M. G. Kennedy, L. McGugan.

THE ALUMNAE ASSOCIATION OF ORILLIA SOLDIERS' MEMORIAL HOSPITAL

Hon. President, Miss Eleanor Johnston, R.N., O.S.M.H.; President, Miss L. V. McKenzie, R.N.; First Vice-President, Miss M. Harvie, R.N., O.S.M.H.; Second Vice-President, Miss M. Glennie, R.N.; Secretary-Treasurer, Miss G. Went, R.N.; Recording Secretary, Miss M. Dundas, R.N., O.S.M.H.

Directors—Miss Glennie, R.N.; Miss Gray, R.N.; Miss Mae Lelland, R.N.

Visiting Committee—Miss G. Dadenhoffer, R.N.; Miss Garry, R.N.; Miss Harvie, R.N.

Programme Committee—Miss Newton, R.N.; Miss Hart, R.N.; Miss Towle, R.N.

Regular Meeting—First Tuesday in each month.

OSHAWA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss McWilliams; President, Mrs. B. A. Brown; Vice-President, Miss Jane Cole; Secretary and Corresponding Secretary, Mrs. G. M. Johnston, Box 529, Oshawa; Assistant Secretary, Miss Beckett; Treasurer, Miss Ann Scott; Private Duty Nurses, Miss B. Allen (Convener); Visiting Committee, Miss Cormie (Convener), Miss McKnight and Mrs. M. Canning; Social and Programme Committee, Mrs. Hare (Convener), Mrs. G. M. Johnston, Misses Scott, Jeffrey, Rice.

LADY STANLEY INSTITUTE ALUMNAE ASSOCIATION, OTTAWA. (Incorporated 1918).

Hon. President, Miss M. A. Catton, 2 Regent St.; President, Miss M. McNeice, 475 Lisgar St.; Vice-President, Miss E. McGibbon, 112 Carling Ave.; Secretary, Miss O. M. Rogan, 152 Hinton Ave.; Treasurer, Miss Mary Slinn, 204 Stanley Ave.; Board of Directors, Miss C. Flack, 152 First Ave.; Miss E. McColl, Vimy Apts., Charlotte St.; Miss L. Belford, Perley Home; "Canadian Nurse" Representative, Miss C. Flack, 152 First Ave.

THE NURSES' ALUMNAE ASSOCIATION OF OTTAWA GENERAL HOSPITAL

Hon. President, Rev. Sister Flavie Domitille; President, Miss Flossie Nevins; Vice-President, Miss Isabel McElroy, 18 Botelier St.; 2nd Vice-President, Mrs. A. Lattimer; Sec.-Treas., Miss Juliette Robert, 139 St. Andrew St.; Membership Secretary, Miss Ella Rochon; Representatives to Central Registry, Miss E. Dea and Miss A. Stacpole; Representative to "The Canadian Nurse," Miss Kathleen Bayley; Representatives to Local Council of Women, Mrs. C. L. Devitt, Miss G. Evans, Mrs. A. Lattimer, Mrs. E. Viau.

Board of Directors composed of one member of each class numbering twenty-five.

Regular monthly meeting first Friday of each month at 8 p.m.

THE ALUMNAE ASSOCIATION OF ST. LUKE'S HOSPITAL, OTTAWA, ONT.

President, Miss L. D. Acton; Vice-President, Miss E. Maxwell; Secretary, Miss Pearl McQuitty, St. Luke's Hospital; Treasurer, Miss G. Stanley.

Representative to Local Council of Women—Miss M. Hewitt.

Nominatin Committee—Mrs. Way, Miss N. Lovering, Miss S. Johnston.

OWEN SOUND GENERAL AND MARINE HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Georgina Thompson; President, Miss M. Sim, 860 Third Ave., East; First Vice-President, Miss Olga Stewart; Sec.-Treas., Miss Grace Rusk, 952 Fifth Ave., East; Assistant Sec.-Treas., Miss E. Webster; Sick Visiting Committee, Mrs. O. Broadhead (Convener), Mrs. W. Forgrave, Mrs. D. J. McMillan; Programme Committee, Miss M. Graham (Convener), Miss McLean, Miss Wallace; Press Representative -Miss E. Webster.

NICHOLLS' HOSPITAL ALUMNAE ASSOCIATION, PETERBORO, ONT.

Hon. President, Mrs. E. M. Leeson, Superintendent, Nicholls' Hospital; President, Miss Fanny Dixon, 538 Harvey St.; First Vice-President, Miss Walsh, Asst. Supt., Nicholls' Hospital; Second Vice-President, Miss Anderson, 212 London St.; Recording Secretary, Mrs. L. A. Law, 511 King St.; Treasurer, Mrs. Campbell Jordan; Correspondence Secretary and Representative to "The Canadian Nurse," Miss M Ferguson, 476 Bonaccord St.; Private Duty Representative, Miss Reid; Representatives to Local Council of Women, Misses Anderson, Long, Stocker; Convener Socia Committee, Mrs. Maurice Pringle

SARNIA GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Kathleen Scott; President, Miss Fisher; Vice-President, Miss Lumby; Secretary, Miss Mary Firby; Treasurer, Miss S. Laugher; Correspondent to "The Canadian Nurse," Miss Watson.

THE SAULT STE. MARIE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. Director, Rev. Sister Acyndina; President, Miss M. Delaney; First Vice-President, Mrs. O'-Driscoll; Second Vice-President, Miss S. Kehoe; Secretary-Treasurer, Miss F. Allerdice, General Hospital.

STRATFORD GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss A. M. Munn; President, Miss M. Derby; Vice-President, Miss V. Meadows; Secretary-Treasurer, Miss C. J. Zoeger.

Representative to "The Canadian Nurse"—Miss C. J. Zoeger.

ALUMNAE ASSOCIATION OF THE MACK TRAINING SCHOOL, GENERAL AND MARINE HOSPITAL, ST. CATHARINES, ONTARIO

Hon. President, Miss Meiklejohn (Superintendent Mack Training School); President, Mrs. W. J. Durham, R.R. No. 4; 1st Vice-President, Mrs. Neil Buchanan, 26 Wolsely Ave.; 2nd Vice-President, Miss Maxie Merriott, 16 Richmond Ave.; Treasurer and Secretary, Miss Norma Grenville, Box 60, Thorold, Ont.; Asst. Secretary, Mrs. Comba, 24 Lowell Ave.; "The Canadian Nurse" Representative, Miss Mary F. Stevens, 17 Academy St.; Social and Programme Committee, Mrs. Jacques (Convener), 150 Russell Ave., Miss Tuck, Miss Gladys Miller, Miss Mary Phipps; Auditors, Mrs. James Parnell, Mrs. Leo Bradt.

THE ALUMNAE ASSOCIATION AMASA WOOD HOSPITAL TRAINING SCHOOL FOR NURSES, ST. THOMAS, ONT.

Hon. President, Miss Lucille Armstrong, Memorial Hospital; President, Miss Jean Killins, Memorial Hospital; First Vice-President, Miss Myrtle Bennett, Memorial Hospital; Secretary, Miss Leila Cook, 30 Princess Ave.; Treasurer, Miss Eva Fordham, 33 Wellington St.; Executive Committee, Mrs. T. Keith Misses Stevenson, Campbell, Malcolm and Hastings.

TORONTO GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss M. A. Snively; President, Miss Kathleen Russell; First Vice-President, Miss Alice Thompson; Second Vice-President, Miss Maud Coatsworth; Recording Secretary, Miss Margaret Dulmage; Corresponding Secretary, Miss Dorothy Fortier, 471 Spadina Ave.; Treasurers, Miss Mabel Cunningham and Miss Nora Huntsman; Councillors, Misses Julia Stewart, Clara Brown, Margaret Green, Ethel Campbell, Ethel Cryderman.

ALUMNAE ASSOCIATION OF GRACE HOSPITAL, TORONTO

Hon. President, Mrs. C. J. Currie; President, Mrs. John Gray, 73 Manor Rd. East; First Vice-President, Miss Jessie Goodman; Corresponding Secretary, Miss Mary Hendricks, 26 Rose Park Crescent; Recording Secretary, Miss Alberta Bell,Grace Hospital; Treasurer, Miss Elsie Ogilvie, 334 Brunswick Ave.

THE ALUMNAE ASSOCIATION OF GRANT MACDONALD TRAINING SCHOOL FOR NURSES, TORONTO ONT.

President, Miss Edith Lawson, 130 Dunn Ave., Toronto; Vice-President, Miss Margaret Ferriman, 53 Herbert St., Toronto; Secretary, Miss Harrie Fowlds, 130 Dunn Ave., Toronto; Treasurer, Miss Ione Clift, 130 Dunn Ave., Toronto; Convener Social Committee, Miss Mary Forman, 130 Dunn Ave., Toronto.

THE ALUMNAE ASSOCIATION OF THE TORONTO ORTHOPEDIC HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. MacLean; President, Mrs. W. J. Smithers, Sussex Court Apts.; Vice-President, Miss Catherine MacKinnon, 100 Bloor St. W.; Sec.-Treas., Miss Lucy M. Loggie, Apt. 12, 610 Ontario St., Toronto.

RIVERDALE HOSPITAL ALUMNAE ASSOCIATION, TORONTO

President, Miss M. Jones, Riverdale Hospital; 1st Vice-President, Miss M. Thompson, Riverdale Hospital; 2nd Vice-President, Miss A. Armstrong, Riverdale Hospital; Secretary, Miss Mae Scott, Riverdale Hospital; Corresponding Secretary, Miss Delta Miek, Riverdale Hospital; Treasurer, Miss M. Craig, Riverdale Hospital; Board of Directors, Miss Honey and Miss F. McMillan, Riverdale Hospital, Miss Stretton, 7 Edgewood Ave., Mrs Quirk, 60 Cowan Ave. and Mrs. Lane, 221 Riverdale Ave.; Conveners, Standing Committees, Sick and Visiting, Mrs. Paton, 27 Crang Ave.; Programme, Miss E. Scott, Riverdale Hospital; Central Registry, Misses Brown and Hewlett; Representative, "The Canadian Nurse," the Secretary.

THE ALUMNAE ASSOCIATION, HOSPITAL FOR SICK CHILDREN, TRAINING SCHOOL FOR NURSES, TORONTO

Hon. President, Mrs. Goodson; Hon. Vice-Presidents, Miss F. J. Potts, Miss Kathleen Panton; President, Mrs. Langford, 71 Springmount Ave.; 1st Vice-President Miss Flora Jackson; 2nd Vice-President, Mrs. Babcock; Treasurer, Miss Marjorie Jenkins, Hospital for Sick Children; Rec. Secretary, Miss Wilma Lowe; Cor. Secretary, Miss Gene Clark, 406 Rushton Rd.; Conveners of Committees: Sick Visiting, Mrs. Wilkinson, 112 Grace St.; Programme, Miss Hazel Hughes; Social, Mrs. Murray Robertson; Representative to Private Duty, Miss Margaret Marshall; "The Canadian Nurse," Mrs. James, 165 Erskine Ave.

THE ALUMNAE ASSOCIATION OF ST. JOHN'S HOSPITAL, TORONTO

President, Miss E. R. Price; First Vice-President, Miss M. Haslett; Second Vice-President, Miss S. Burnett; Recording Secretary, Miss E. Isaac; Corresponding Secretary, Miss Q. Turpin; Treasurer, Miss R. Ramsden; Press Representative, Miss K. Jackabarry.

THE ALUMNAE ASSOCIATION OF ST. MICHAEL'S HOSPITAL, TORONTO

Hon. President, Sister Mary Aquinas; Hon. First Vice-President, Sister Amata; President, Miss Hilda Kerr; First Vice-President, Miss Eva Dunn; Second Vice-President, Mrs. Artkins; Third Vice-President, Miss E. Graydon; Recording Secretary, Miss Audrey Kearns; Corresponding Secretary, Miss Marjorie Larkin, 190 Carlaw Ave.; Treasurer, Miss Irene McGurk; Directors, Miss Bertha Cunningham, Mrs. C. Fletcher, Mrs. J. E. Day.

Committees—General Convener, Miss E. Dunn; Public Health, Miss A. Connor; Private Duty, Miss R. Grogan; Nominations, Miss M. Rowan; Sick Visiting, the Directors; Entertainment, the Executive: Press and Publication, Miss Kathleen Meader.

VICTORIA MEMORIAL HOSPITAL ALUMNAE ASSOCIATION, TORONTO

Hon. President, Mrs. Forbes Godfrey; President, Miss Annie Pringle; Vice-President, Miss Dorothy Greer; Secretary, Miss Florence Lowe, 152 Kenilworth Ave., Toronto; Treasurer, Miss Ida Hawley, 41 Gloucester St., Toronto.

Regular Meeting—First Monday of each month.

ALUMNAE ASSOCIATION OF WELLESLEY HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss E. G. Flaws; President, Miss Ella Bastian, 88 Wineva Ave.; Vice-President, Miss O. Russell, 878 Palmerston Ave.; Corresponding Secretary, Miss Edith L. Carson, 320 Jarvis St.; Recording Secretary, Miss Waple Greaves, 65 Glendale Ave.; Treasurer, Miss Kathleen Layton, 38 Helendale Ave.; Members of Executive, Misses Elsie Jones, Irene Williams, Hazel MacInnis and Mrs. V. Musgrave; Representative to Central Registry, Miss Helen Carruthers, 112 Bedford Rd., and Miss Ina Onslow, 100 Gloucester St.; Representative to Toronto Chapter R.N.A.O., Miss Edith Cale, 211 Carlton St., Apt. 3; Correspondent to "The Canadian Nurse," Miss Edith Cowan, 496 Sherbourne Street.

TORONTO WESTERN HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss Beatrice Ellis; President, Miss Marion Wylie, Western Hospital; Vice-President, Miss Grace Sutton, Western Hospital; Secretary-Treasurer, Miss Marjorie Agnew, Western Hospital; Recording Secretary, Mrs. McArthur; Councillors, Mrs. Annie York, Mrs. Bell, Misses Jessie Cooper, Anderson, Hornsby and Lindsay; Visiting Committee, Miss Mary Thomas, Western Hospital; Representative to Toronto Chapter R.N.A.O., Miss Wiggins; Representative to "The Canadian Nurse," Miss Annie Lowe, Western Hospital.

Meetings—Second Tuesday each month, at 8 p.m., in Assembly Room of Western Hospital.

ALUMNAE ASSOCIATION, WOMEN'S COLLEGE HOSPITAL, TORONTO

Hon. President, Mrs. H. M. Bowman, Superintendent; President, Miss Eleanor Clark, 1986 Queen St. E.; First Vice-President, Miss B. Henry, 100 Yorkville Ave.; Recording Secretary, Miss D'Arcy Berry, 149 Rusholme Rd.; Corresponding Secretary, Miss Bernice Stillman, Psychiatric Hospital, Surry Place; Treasurer, Miss M. Chalk, 53 Sylvan Ave; Representatives to Local Council of Women, Miss Lois Shaw, 564 Gladstone Ave.; Miss Mae Roberts, 123 Nairn Ave.; Refreshment Committee, Miss B. E. Fraser, Miss M. Stillman, Miss Spademan.

THE ALUMNAE ASSOCIATION OF THE CONNAUGHT TRAINING SCHOOL FOR NURSES, TORONTO HOSPITAL FOR CONSUMPTIVES, WESTON, ONT.

Hon. President, Miss E. MacP. Dickson; President Miss Hazel Dixon, Reg.N., Toronto Hospital for Consumptives; Vice-President, Miss Ella Robertson, Reg. N., Toronto Hospital for Consumptives; Secretary, Miss Josephine Wik, Reg.N., Toronto Hospital for Consumptives; Treasurer, Maude Powell, Reg.N., Toronto Hospital for Consumptives.

THE ALUMNAE ASSOCIATION OF THE WOODSTOCK GENERAL HOSPITAL TRAINING SCHOOL FOR NURSES

Hon. President, Miss Frances Sharpe; President, Miss Vida Burns; First Vice-President, Mrs. J. McDiarmid; Recording Secretary, Miss Gladys Jefferson; Assistant Recording Secretary, Miss H. Hamilton; Corresponding Secretary, Miss Winnifred Young; Assistant Corresponding Secretary, Miss Anne Brown; Treasurer, Miss Evelyn Peers.

GRADUATE NURSES' ASSOCIATION OF THE EASTERN TOWNSHIPS

Hon. President, Miss H. Buck; President, Miss H. Buchanan; First Vice-President, Mrs. G. D. MacKinnon; Second Vice-President, Miss D. Ingraham; Recording Secretary, Miss H. Hetherington; Corresponding Secretary, Miss M. Robins; Treasurer, Mrs. G. Edwards; Representative to "The Canadian Nurse," Miss E. Morrisette.

LACHINE GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss B. Brown; President, Mrs. A. McT. Murray; Vice-President, Miss I. Mackay; Secretary-Treasurer, Miss M. Greene.

Regular meetings—Second Monday of each month at 8.15 p.m.

MONTREAL GRADUATE NURSES' ASSOCIATION

President, Miss Phillips, 750 St. Urbain St.; First Vice-President, Miss C. M. Watling, 29 Pierce Ave.; Second Vice-President, Miss Muriel Butler, 6 Oldfield Ave.; Secretary-Treasurer, Miss Susie Wilson, 38 Bishop St.; Registrar, Miss Lucy White, 38 Bishop St.; Convener Griffentown Club, Miss G. H. Colley, 261 Melville Ave., Westmount, P.Q.

Regular Meeting—First Tuesday in each month, at 8.15 p.m.

A.A. CHILDREN'S MEMORIAL HOSPITAL, MONTREAL

Honorary President, Miss A. Kinder; President, Mrs. C. H. P. Moore; Vice-President, Mrs. L. G. Rhea; Treasurer, Miss F. B. Laite; Secretary, Miss M. Watson; Representative, "The Canadian Nurse," Miss D. Parry; Representative, Private Duty Section, Miss H. MacDonald; Sick Nurse Committee, Misses H. Bush and A. O'Dell; Members of Executive Committee, Misses M. Wight and E. Hillyard.

MONTREAL GENERAL HOSPITAL ALUMNAE ASSOCIATION

Hon. President, Miss N. G. E. Livingston; President Miss C. Watling; First Vice-President, Miss S. E. Young; Second Vice-President, Miss M. Batson; Treasurer, Miss Ruth Stericker, 372 Oxford Ave.; Treasurer, Sick Nurses Benefit Association, Miss H. M. Dunlop, 223 Stanley Street; Recording Secretary, Miss E. M. Robertson, Montreal General Hospital; Corresponding Secretary, Miss D. K. McCarogher, Montreal General Hospital; Executive Committee, Miss F. M. Shaw, Miss F. E. Strumm, Miss F. L. Reed, Miss C. Denovan, Miss M. Mathewson; "The Canadian Nurse" Representative, Miss A. Jamieson, 38 Bishop St.; Representatives to Local Council of Women, Miss Colley, Miss Wainwright; Sick Visiting Committee, Miss Bullock (Convener), 56 Sherbrooke St. West, Misses H. Shaw, I. Symonds, M. L. Des Barres.

THE ALUMNAE ASSOCIATION OF THE HOMEOPATHIC HOSPITAL, MONTREAL QUE.

Hon. President, Mrs. Helen Pollock, President Miss M. Richards; Vice-President, Miss J. O.Neill; Secretary, Miss C. Crossfield, 1104 Tupper Street; Assistant Secretary, Miss D. Porteous; Treasurer, Miss H. O'Brien.

Sick Visiting Committee—Miss N. Horner (Convener), Miss D. Smith.

Social Committee—Miss E. Routhier (Convener), Miss E. Barr, Miss J. Lindsay, Mrs. H. Glazebrook.

"The Canadian Nurse" Representative—Miss I. C. Garrick, 4 Oldfield Ave.

Regular Meeting—First Thursday, at 8 p.m.

ALUMNAE ASSOCIATION OF THE ROYAL VICTORIA HOSPITAL, MONTREAL, QUE.

Hon. Presidents, Miss Draper, Miss Henderson, Mrs. Hunt and Miss Hersey; President, Miss Elsie Allder; First Vice-President, Miss Marguerite Bellhouse; Second Vice-President, Miss Mary Pickard; Recording Secretary, Mrs. Roberts; Corresponding Secretary, Miss Amy Stoddard; Treasurer, Miss Mable Darville; Treasurer Pension Fund, Miss Milla MacLennan; Executive Committee, Miss Goodhue, Miss Davidson, Miss B. Stewart, Mrs. Stanley; Representative to "The Canadian Nurse", Miss Grace Martin; Representatives to Local Council of Women, Miss Hall, Miss Bryce; Sick Visiting Committee, Convener, Mrs. M. J. Bremner, 225 Pine Ave., West (Uptown 3861).

Regular Meeting—Second Wednesday at 8 p.m.

THE WESTERN HOSPITAL ALUMNAE ASSOCIATION, MONTREAL

Hon. President, Miss Jane Craig; President, Miss Elizabeth Wright; First Vice-President, Miss Edna Payne; Second Vice-President, Miss E. Corbett; Treasurer, Miss Jane Craig; Secretary, Miss Ruby Kett; Conveners of Committees, Membership, Miss F. Martin; Finance, Miss E. MacWhirter; Programme, Mrs. A. Barwick; Representative to "The Canadian Nurse," Miss O. V. Lilly.

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